LEA Name: _____ District: _____

School: _____

Request for Class Size/Caseload Waiver

2019-2020 SY

Class Profile

Total Number of Students	

	# Students
Level of Services/Supports	
General	
Targeted	
Sustained	
Intensive	
Instruction	
Standard CoS	
Occupational CoS	
Extensions of SCoS	
Eligibility Category (count all that apply)	
Autism	
Deaf-Blindness	
Deafness	
Developmental Delay	
Emotional Disability	
Hearing Impairment	
Intellectual Disability	
Multiple Disabilities	
Orthopedic Impairment	
Other Health Impairment	
Sp. Learning Disability	
Speech/Language Imp.	
Traumatic Brain Injury	
Visual Impairment	

Grade	# Students
Pre-K	
K	
1st	
2nd	
3rd	
4th	
5th	
6th	
7th	
8th	
9th	
10th	
11th	
12th	
Class Period	
Start	
End	
Number of Assistants	

Unique Needs

	# Students
Mobility Issues	
Walkers	
Wheelchairs	
Requires Lifting	
Gait Trainers	
Positioning Equipment	
Other: _____	
Behavior Plan	
Aggression	
Self-Injurious Behavior	
Elopement	
CPI Restraint	
Other: _____	

	# Students
Health Care Plans	
Catheter	
Ventilator	
Tube Feeding	
Requires Nursing	
Seizures	
Apnea	
Suctioning	
Oxygen	
Daily Care	
Personal Attendant	
Other: _____	

Assistive Technology (AT)

List AT required for students present during this class period.

Staffing Profile

Teacher Name

Total Teacher Caseload

For DPI Use Only

☐ Approved

☐ Not Approved

Consultant Signature

Date

Request for Approval

A Class Size/Caseload Waiver is requested for approval to EXCEED the maximum requirements outlined in NC Policies Governing Services for Children with Disabilities [NC 1508-1,2,3,4]

Principal/Supervisor Signature	Date
EC Director/Coordinator's Signature	Date
Superintendent/Lead Administrator's Signature	Date