**Class Profile**

<table>
<thead>
<tr>
<th>Total Number of Students</th>
<th>Grade</th>
<th># Students</th>
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<tbody>
<tr>
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<td>12th</td>
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</table>

**Level of Services/Supports**

<table>
<thead>
<tr>
<th>General</th>
<th>Targeted</th>
<th>Sustained</th>
<th>Intensive</th>
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</thead>
<tbody>
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**Instruction**

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<td>4</td>
<td>5</td>
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</tbody>
</table>

**Eligibility Category**

- 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

**Class Period**

- Start
- End

**Number of Assistants**

- 1

**Unique Needs**

**Mobility Issues**

- Walkers
- Wheelchairs
- Requires Lifting
- Gait Trainers
- Positioning Equipment
- Other: ___________

**Health Care Plans**

- Catheter
- Ventilator
- Tube Feeding
- Requires Nursing
- Seizures
- Apnea
- Suctioning
- Oxygen

**Behavior Plan**

- Aggression
- Self-Injurious Behavior
- Elopement
- CPI Restraint
- Other: ___________

**Assistive Technology (AT)**

- List AT required for students present during this class period.

**Staffing Profile**

- Teacher Name
- Total Teacher Caseload
- Consultant Signature
- Date

**For DPI Use Only**

- Approved
- Not Approved
- 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

Revised 7.9.18