

LEA Name: _____
 School: _____

District: _____

Request for Class Size/Caseload Waiver
 2017-2018 SY

Class Profile		Unique Needs		Staffing Profile			
Total Number of Students		Grade	# Students		# Students		
		Pre-K					
		K					
		1st					
		2nd					
		3rd					
		4th					
		5th					
		6th					
		7th					
		8th					
		9th					
		10th					
		11th					
		12th					
Level of Services/Supports		Mobility Issues		Health Care Plans			
General		Walkers		Catheter			
Targeted		Wheelchairs		Ventilator			
Sustained		Requires Lifting		Tube Feeding			
Intensive		Gait Trainers		Requires Nursing			
Instruction		Positioning Equipment		Seizures			
Standard CoS		Other: _____		Apnea			
Occupational CoS		Behavior Plan		Suctioning			
Extensions of SCoS		Aggression		Oxygen			
Eligibility Category (count all that apply)		Self-Injurious Behavior		Daily Care			
Autism		Elopement		Personal Attendant			
Deaf-Blindness		CPI Restraint		Other: _____			
Deafness		Other: _____		Assistive Technology (AT) List AT required for students present during this class period.			
Developmental Delay		Class Period					
Emotional Disability		Start					
Hearing Impairment		End					
Intellectual Disability		Number of Assistants					
Multiple Disabilities							
Orthopedic Impairment		Request for Approval		For DPI Use Only			
Other Health Impairment		<i>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]</i>					
Sp. Learning Disability						Approved	
Speech/Language Imp.						Not Approved	
Traumatic Brain Injury		Principal/Supervisor Signature				Consultant Signature	
Visual Impairment		EC Director/Coordinator's Signature		Date			
		Superintendent/Lead Administrator's Signature		Date			