LEA Name: _____   District: _____

School: _____

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		# Students
Mobility Issues		**Health Care Plans**	
Walkers		Catheter	
Wheelchairs		Ventilator	
Requires Lifting		Tube Feeding	
Gait Trainers		Requires Nursing	
Positioning Equipment		Seizures	
Other: _____		Apnea	
Behavior Plan		Suctioning	
Aggression		Oxygen	
Self-Injurious Behavior		**Daily Care**	
Elopement		Personal Attendant	
CPI Restraint		Other: _____	
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

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education | Department of Public Instruction