LEA Name: _____ District: _____

School: _____

Request for Related Services Caseload Waiver

2019-2020 SY

Staffing Profile

Service Provider Name

Type of Service

Speech	
OT	
PT	

FTE Allocation

Workload Calculation

A. Total IEP hours per week assigned to provider	
B. Multiplier (see FTE Guidance to select)	
C. Multiply **A x B**	=
D. **C** divided by hours available for IEP services per week	=

Any value exceeding 1.0 in box D may result in the waiver not being approved.

If supervising assistant(s), enter data below:

THERAPY ASSISTANT DATA	
Number of assistants supervised	
Number of students served	
Number of IEP hours per week	
Number of hours worked per week	
Number of sites served	

Special Factors

Number of hours worked per week	
Number of students served	
Number of Speech Primary students (*SLP only*)	
Number of students who receive only supplemental aids, services, accommodations, and/or modifications from this provider.	
Number of weekly hours for specialty team assignments/additional duties	
Number of sites served (schools, work sites, daycare facilities, etc.)	
Number of hours/week spent traveling	
Average weekly mileage	

Request for Approval

A 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

For DPI Use Only

	Approved
	Not Approved
Consultant Signature	
Date	

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

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