Resource Specialist Caseload Waiver Request, Resource Specialist Teacher Supplemental Form

This supplemental form is to be completed by the Resource Specialist.

Name:

Local Education Agency and School Assignment:

Excess Caseload Information

1. Is the information provided on the Resource Specialist Caseload Waiver Request, Administrator Supplemental Form an accurate reflection of your current assignments, personal data, full time equivalent percent (FTE%), your caseload, number of periods taught, and average number of students?

Yes   No

If no, please state where these facts or numbers differ:

2. Will all students served receive all of the services called for in their individualized educational programs (IEPs)?

Yes   No

3. Can you reasonably manage the excess caseload in relation to the programmatic condition(s) you face, including, but not limited to: student age level, age span, and behavioral characteristics, number of curriculum levels taught at any one time or given session, and intensity of student instructional needs?

Yes   No

Please explain your answer to question 3:

4. Can you reasonably manage the excess caseload in relation to your student contact time, and other assigned duties?

Yes   No

Please explain your answer to question 4:

Previous Caseload Information

1. Did you have a student caseload of more than 28 students during the previous school year?

Yes   No

If yes, please respond below:

     a. Did you have an approved waiver for this caseload?

     Yes   No

     b. Specify the dates you had an excess caseload. (From/to) Provide other pertinent information:

2. Did you have a student caseload of more than 28 for more than two consecutive years, including this school year?

Yes   No

If yes, please provide the school years in which you had a caseload of more than 28 students (Example: 15–16, 16–17, 17–18):

Daily Instructional Aide Time Information

1. Provide the amount of daily instructional aide time you received prior to the increased caseload/ waiver period:

2. Provide the amount of daily instructional aide time you will receive with the increased caseload during the waiver period:

Waiver Position

The California *Education Code* Section 56362(c) states that no resource specialist shall have a caseload which exceeds 28 students, per *California Code of Regulations,* Title 5, Section 3100. Regulations allow your agency to request a waiver of the *Education Code* providing certain conditions are met, and that in no circumstance may your caseload be raised to above 32 students.

Please indicate your position regarding this waiver below:

I AGREE to an increase of my student caseload from 28 to not more than 32 students.

Yes   No

I DISAGREE to an increase of my caseload of 28 students.

Yes   No

If disagreeing, please provide information about the reasons why:

I hereby certify that the information provided on this application is true and correct.

Please initial:

Date initialed:

Telephone Number and Extension: