

Resource Specialist Caseload Waiver Request, Administrator Supplemental Form

This supplemental form is to be completed by the Administrator.

Name of Special Education Local Plan Area (SELPA) and Local Education Agency (LEA):

Name of Resource Specialist:

School /LEA Assignment:

Resource Specialist's Status (Such as Permanent, Temporary, Probation...):

Resource Specialist's Caseload Information

Number of students prior to caseload increase:

Number of students after caseload increase:

Resource Specialist's Full time Equivalent (FTE%):

Number of periods or hours (please specify) taught by the Resource Specialist:

Average number of students taught per hour:

Instructional Aide Time

Note: At least 5 hours of aide time is required when the caseload is over 28, per *California Code of Regulations (CCR)*, Title 5, Section 3100(d)(2).

Amount of Instructional Aide time hours to be provided to this resource specialist with this waiver:

Extraordinary Fiscal and/or Programmatic Conditions

Explain what extraordinary fiscal and/or program circumstances resulted in this request for excess caseload, per *CCR*, Title 5, Section 3100(d):

Indicate how your plan of action to resolve these circumstances by the time the waiver expires or is denied by the State Board of Education, per *CCR*, Title 5, Section 3100(d)(1):

Assurance

Provide assurance that the waiver will not hinder the implementation of a student's individualized educational program (IEP) for all students involved with the waiver or compliance with specified federal law, per *CCR*, Title 5, Section 3100(d):

Administrator/Designee Name and Title:

Telephone Number and Extension:

Date: