

## **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: