

Directions for Completing and Submitting Requests for Waivers

Purpose

The *NC Policies Governing Services for Children with Disabilities* states:

“Whenever the pupil-teacher ratio for a class period/caseload exceeds the requirements of this section, the class size enrollment form and request for waiver must be submitted to the Exceptional Children Division.” [NC 1508-1(c)]

Request for Class Size/Caseload Waiver

For **Class Size Waiver-only**, LEAs should complete all the items on the *Request for Class Size/Caseload Waiver*.

For **Caseload Waiver-only**, LEAs should complete the following items on the *Request for Class Size/Caseload Waiver*.

- Class Profile
 - Level of Services/Supports
 - Instruction
 - Grade
 - Number of Assistants
- Staffing Profile
 - Teacher Name
 - Total Teacher Caseload

Directions for Data Entry

- LEA Name (this should be the full official name of the LEA)
 - *For charter schools, the LEA and School are the same.*
- School (full name)
 - *For charter schools, the LEA and School are the same.*
- District
 - Please list the District in which your LEA is located using the numbers 1-8 rather than the District name (Southeast, etc.).
 - District = Region
- Class Profile
 - Total Number of Students
 - This is the total, unduplicated, number of students for the class period.
 - Level of Services/Supports
 - The number of students should be listed for each level present in the class/class period. (General, Sustained, Targeted, Intensive)
 - Instruction
 - The number of students should be listed for each instructional level present in the class/class period.

- Standard CoS – Standard Course of Study
 - Occupational CoS – Occupational Course of Study
 - Extensions of SCoS – Extensions of the Standard Course of Study
- Eligibility Category
 - The number of students for each eligibility category should be counted – even if a student is counted multiple times.
- Grade
 - Count and record the students for each grade level present in the class/class period.
- Class Period
 - Record the start and end time for each class a waiver is requested. If a waiver is requested for a class that lasts all day, the start and end time should be recorded to reflect the school day.
- Unique Needs
 - Mobility Issues
 - Record the number of students that require walkers, wheelchairs, lifting, gait training and/or positioning equipment. Numbers may be duplicated for students that require multiple supports.
 - If other is selected, please name the support and the number of students requiring the support.
 - Behavior Plan
 - Record the number of students with behavior plans that address aggression, self-injurious behavior, elopement and/or CPI restraint. Numbers may be duplicated for students that require multiple supports.
 - If other is selected, please name the support and the number of students requiring the support.
 - Please note: *This section should reflect information for students with behaviors that impede personal learning or the learning of others and has been addressed formally through a behavior intervention plan.*
 - Health Care Plans
 - Record the number of students with health care plans that require catheters, ventilators, tube feeding, nursing, suctioning, oxygen, and/or procedures for seizures or apnea. Numbers may be duplicated for students that require multiple supports.
 - If other is selected, please name the support and the number of students requiring the support.
 - Please note: *This section should reflect information for students with unique health needs that have been addressed formally through a health care plan.*
 - Daily Care
 - Record the number of students that require 1:1 assistance and/or assistant.
 - Please note: *This section should reflect information for students with unique needs that have Personal Attendant documented on the IEP. This may include the assignment of a Personal Attendant, 1:1 assistance for participating in inclusion activities during the class period a waiver is requested, etc.*
 - Assistive Technology (AT)

- Please list all of the devices used by the students during the class period a waiver is requested. Emphasis should be placed on AT that require adult support.
- Staffing Profile
 - Teacher Name
 - Total Teacher Caseload
 - Please note: *This is cumulative information that should not be restricted to the number of students in the class for which a waiver is requested – unless the class reflects the teacher’s entire caseload.*
- Request for Approval
 - This section provides a statement acknowledging the LEA is out of compliance with class size/caseload policy. It must be signed by the Principal of the school in which the class is located or the service provider’s supervisor; the EC Director/Coordinator; and the Superintendent/Lead Administrator for the LEA.
- For DPI Use Only
 - This section is used to record whether or not the request for waiver has been approved. It will be signed by a EC Division consultant and dated with the date of the review. A copy of each waiver requested and reviewed will be returned to the LEA and maintained at DPI in the EC Division according to the records retention schedule.

Please note:

One Request for Class Size/Caseload Waiver must be requested for:

- *each individual class period that exceeds the requirement; and*
- *each individual class period that has a change in class composition (situations in which teachers are sharing students for instructional purposes).*

Request for Related Services Workload Waiver

Using the *Request for Related Services Workload Waiver* form, please provide the following information:

Caseload Waiver Form

- LEA Name *this should be the full name of the LEA*
- School *full name of Base School*
- District
 - Please list the District in which your LEA is located using the numbers 1-8 rather than the District name.
 - District = Region
- Service Provider Name
- Type of Service, *Select SLP, OT, or PT*
- Full Time Equivalent (FTE) *Use workload calculator to find this value*
- Special Factors *complete all information in this box*
- If appropriate, *complete therapy assistant data*

Request for Approval

This section provides a statement acknowledging the LEA is out of compliance with class size/caseload policy. It must be signed by the Principal of the school in which the class is located or the service provider’s supervisor; the EC Director/Coordinator; and the Superintendent/Lead Administrator for the LEA.

Using the [Workload Calculator](#), please provide the following information:

Workload Calculator

- Fully complete the [Related Service Provider workload calculator](#). It is located on [this webpage](#), accompanied by links to a Q&A document and YouTube recording of an overview and instructions. Once you complete the providers schedule tab and enter the number of hours worked (37.5 or 40), the remainder of the tool will prepopulate.
- A copy of this fully completed tool should accompany the waiver request for every workload over 50 students.

Submitting Class Size/Caseload/Related Service Provider Workload Waivers

Using the *Request for Class Size/Caseload Waiver Summary*, please enter the following information:

- LEA Name (this should be the full name of the LEA)
- School (full name)
- District
 - Please list the District in which your LEA is located using the numbers 1-8 rather than the District name.
 - District = Region
- Date
 - Date on which the waivers were submitted to the EC Division.
- School Name
 - List the school name for each class/caseload waiver requested.
- Name of Teacher/Service Provider
 - List the name of the Teacher/Service Provider for each class/caseload waiver requested.
- Class Period
 - Record the start and end time for each class a waiver is requested. If a waiver is requested for a class that lasts all day, the start and end time should be recorded to reflect the school day.
 - Please note: *This information may not be relevant to requests for related services caseload waivers.*
- Was a waiver requested for this class/caseload during the last reporting period?
 - For the Fall reporting period, this question should be answered based on waiver requests made for the previous school year.
 - For the Spring reporting period, this question should be answered based on waiver requests made for the Fall of the current school year.
 - For each following year, this question should be answered based on waiver requests made for the previous Spring or Fall reporting period respectively.
- Submitted by
 - A signature, with the date signed, is required from the EC Director/Coordinator or Designee.
- Class Size/Caseload Waivers and Related Service Caseload Waivers should be emailed to the appropriate monitoring or related service consultant.
 - Example: Waivers for Speech/Language Providers should be emailed directly to the DPI Consultant for Speech/Language Pathology.

- Example: Waivers for Class Size/Caseload should be emailed directly to the DPI Monitoring Consultant assigned to the District.
- Monitoring Assignments can be found by clicking on the “Find My Monitor” on the EC Division website.