

**Kentucky Department of Education**  
**Division of IDEA Monitoring and Results**  
**REQUEST TO EXCEED CASELOAD, CLASS SIZE AND/OR**  
**GRADE RANGE REQUIREMENTS**  
**(707 KAR 1:350)**

Date of Request: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Type of Request (Check all that apply):

Caseload                       Class Size                       Grade Range

Special Education Cooperative			
District:		District Number:	
Director of Special Education:		Phone Number:	
School:			
Principal:			

Teacher:		Total Caseload:	
Classroom Type:			
School Level:			
Grade Range of School:	to		
Special Education Code:			

1. Has a Waiver Request been approved for this teacher in the last two school years?

Yes                       No

If Yes, explain:

2. Briefly explain the unusual circumstances and specific reasons that warrant this request.

3. Is there a **full-time** instructional aide assigned to this teacher for each class period?

Yes                       No

If no, is there an aide assigned to the special education teacher when an overage occurs?

Yes                       No

4. Is this teacher assigned to teach any general education classes (*not including collaboration*) during the instructional day?  
 Yes  No
5. Is this class/unit located at a school campus that is age and grade level appropriate for the students being served?  
 (e.g., High school age or grade level students are not being served at a unit located on a middle or primary school campus.)  
 Yes  No

Attach description of teacher's daily schedule. Include caseload, class schedule and grade range per period.

Attach the plan for reducing the caseload and/or grade range for this class prior to the beginning of next school year.

If granted, this waiver will not impede any exceptional child from achieving his or her Individual Education Program in the least restrictive environment (KRS 157.360(4)).

\_\_\_\_\_  
 Superintendent Signature

**FOR OFFICE USE ONLY**

REQUEST NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Reviewer's Initials)

NOT APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Reviewer's Initials)

CORRECTIVE ACTION PLAN APPROVED: \_\_\_\_\_ Date \_\_\_\_\_  
 (Reviewer's Initials)