

**ILLINOIS STATE BOARD OF
EDUCATION
SPECIAL EDUCATION AND
SUPPORT SERVICES**

**CLASS SIZE/AGE RANGE DEVIATION
FORMS AND INSTRUCTIONS**

September 2012

**ILLINOIS STATE BOARD OF EDUCATION
SPECIAL EDUCATION AND SUPPORT SERVICES DIVISION**

**REQUEST FOR CLASS SIZE/AGE RANGE DEVIATION INSTRUCTIONS
2012-2013 School Year**

I. General Information

- Deviations are granted for special education instructional classrooms/programs PreK-12 that are in session during the regular school year or during extended school year (ESY). Deviations do not apply to resource classrooms.
- The deviation request must be approved prior to implementation. If this is not possible, the district must provide services following the IEP as closely as possible while awaiting a decision on the deviation request.
- Once a deviation is granted, any change in that classroom setting which results in an increase in the class size or age range beyond what has been approved requires further consideration from this agency.
- In addition to submitting all completed pages of the form and the self assessment, the district must also include a class list that indicates the disability of each student in the affected classroom.

II. Submission of Forms

- All pages of this form can be completed on-line.
- Prior to completing the form, you will need the most current version of Adobe Reader 9.3. This will enable you to save the document to your hard drive for later access.
- Documentation Submission
 - ✓ Failure to follow instructions may result in a delay in the review process.
 - ✓ Requests will not be reviewed until all required paperwork and information are submitted.

- ✓ The last date on which deviation requests can be submitted is 30 days prior to the last day of student attendance.
- Electronic Submission
 - ✓ If the district has Adobe Acrobat, affix your electronic signature to the completed form and e-mail to CLSZAGRA@isbe.net.
 - ✓ Documentation sent electronically need not be also sent via U.S. mail.
- U.S. Mail Submission
 - ✓ Print completed form, sign, and mail to: Illinois State Board of Education, Special Education Support and Services Division, 100 North First Street N-253, Springfield, IL 62777-0001.
- The signature of the district superintendent is not required if the deviation request is for a cooperative program.
- **Faxed and hand written forms will not be accepted.** All pages of the form must be typed.

III. **Form Completion**

- a. Request for Approval of Special Education Class Size/Age Range Deviations(s)
(ISBE 34-41, pages 1-2 of 4)
 - Submission of this form is required for all requests.
 - Indicate if the requested deviation is for age range or class size, and if for class size, the number of students in the proposed classroom.
 - Attach the results of the district self-assessment to this form.
 - The Rationale Section of this form should include a discussion of the following:
 1. What was done as a result of the self-assessment?
 2. Why is a deviation still necessary?
 3. What will be done over the course of the school year to correct non-compliance by the beginning of the 2013-2014 school year?
 - Complete all information requested.

b. Special Education Classroom Schedule (ISBE 34-41, page 3 of 4)

- Submission of this form is required for all requests.
- Identify the name of the school, the school year, name of the teacher, and the type of school.
- Complete the "Age Span" column only if the deviation request is for age range. Record the birth date of the oldest and youngest child for each period (e.g. 6/21/00-7/14/05).
- Complete the "Percent of School Day Receiving Services" only if the deviation request is for class size.
- Identify whether or not there is a classroom paraprofessional during the class period.
- Complete the "Number of Students" column only if the deviation request is for class size.
- Identify the number of students by Educational Environment (EE) Code for each class period.
- Educational Environment (EE) code refers to the percentage of the bell-to-bell minutes that the child is in the general education setting ($\geq 80\%$ =EE code 01, 79-40% =EE code 02, $< 40\%$ =EE code 03).

c. Special Education Teacher Assessment Overview (ISBE 34-41, page 4 of 4)

- Submission of this form is required for all requests.
- The teacher of the affected classroom will complete this form.
- For confidentiality purposes, this completed form can be submitted by the person completing it directly to the Division of Special Education and Support Services Division via e-mail or U.S. mail.

IV. District Self-Assessment

Prior to submission of the deviation request the district is required to complete a self-assessment as indicated below:

- Review the IEP for each student in the affected classroom to determine whether or not the minutes of special education services accurately reflect the needs of the student (e.g. does the student's placement in the self-contained classroom accurately reflect the student's need, particularly in a case where the student is in a self-contained classroom and there is not a goal in that subject area).
- Investigate the use of the working cash fund to eliminate the need for a deviation.

V. Review Criteria

In addition to a review of information requested on ISBE 34-41, pages 1-4, each request will also be reviewed as follows:

- The reviewer will verify that the special education teacher of the affected classroom(s), the technical assistance supervisor, along with the paraprofessional are properly certified. Lack of proper certification will result in an immediate denial of the deviation request.
- The district's self-assessment and rationale for requesting a deviation will be reviewed.
- The nature and severity of disabilities will be considered.
- The teacher evaluation will be reviewed specifically for the amount of support afforded, the impact of the deviation on instruction, involvement in the placement decision, and safety concerns.
- Any district monitoring reports, complaints, and due process hearings related to class size/age range will be reviewed.
- In the event of discrepancies between information provided by the district and information contained in the teacher assessment, further clarification will be obtained from the district.
- Unusual circumstances may result in an on-site review of the district program or classroom. If it is determined that the deviation(s) is not being implemented as approved, the deviation approval will be immediately rescinded and corrective action will be required.

VI. Approval of Deviation Request

- The district contact person will be informed of the deviation request decision via e-mail, followed by a letter.
- Approvals are effective as of the date of receipt of all required documentation

VII. Denial of Deviation Request

- The district contact person will be informed of the deviation request decision via e-mail, followed by a letter.
- In the event a deviation request is denied, the district will be required to submit a written explanation of how FAPE is being provided.

Should you have further questions regarding the deviation process, please contact Jason Pals at jpals@isbe.net or 217/782-5589.

ILLINOIS STATE BOARD OF EDUCATION
 Special Education and Support Services Division
 100 North First Street, N-253
 Springfield, Illinois 62777-0001
OR
 Telephone: 217/782-5589
 E-mail: CLSZAGRA@isbe.net

**REQUEST FOR APPROVAL OF
 SPECIAL EDUCATION CLASS
 SIZE/AGE RANGE DEVIATION(S)
 School Year 2012-2013**

INSTRUCTIONS: Complete and submit this form to the above address or e-mail address. Approval must be obtained prior to the implementation of class size or age range deviations. If this is not possible, the district must provide services as closely aligned as possible to the student's IEP while awaiting a response to the deviation request.

COOPERATIVE/DISTRICT INFORMATION

NAME OF SERVING SPECIAL EDUCATION DISTRICT OR COOPERATIVE

ADDRESS (Street, City, State, Zip Code)		NAME OF DIRECTOR OF SPECIAL EDUCATION	
NAME/TITLE OF DISTRICT CONTACT PERSON		TELEPHONE (Include Area Code)	FAX (Include Area Code)
ADDRESS (Street, City, State, Zip Code)		E-MAIL ADDRESS	

STAFF INFORMATION

NAME OF SCHOOL	GRADES IN BUILDING
NAME OF TECHNICAL ASSISTANCE SUPERVISOR	IEIN OR COPY OF CERTIFICATE FOR TECHNICAL ASSISTANCE SUPERVISOR
NAME OF CLASSROOM TEACHER	IEIN OR COPY OF CERTIFICATE FOR CLASSROOM TEACHER
NAME OF PARAPROFESSIONAL	IEIN OR COPY OF CERTIFICATE FOR PARAPROFESSIONAL

PROGRAM INFORMATION

PROPOSED DEVIATION

Class Size _____ Age Range _____

RATIONALE

The rationale for this deviation must include an explanation of what was done as a result of the self-assessment, why the deviation is necessary, and what the district is doing to correct non-compliance by the beginning of the 2013-2014 school year. Please submit all documentation relevant to the district's self-assessment with this form.

Provide the following information regarding this deviation request. **Note: Do not type beyond the allotted space provided.** Attach additional sheets to this form as necessary.

YES **NO** Did you request a deviation for the same class/program previously? If yes, describe the reasons for the resubmission.

• Describe the direct cause for this request.

RATIONALE (CONTINUED)

• As a result of the self-assessment, are there additional student supports that will be required to achieve student goals/objectives? If so, please describe.

• Describe the options that were explored prior to this deviation request and why they were determined to be inappropriate.

<i>Date</i>	<i>Original Signature of District Superintendent</i>	<i>Date</i>		<i>Original Signature of State-Approved Director</i>
ISBE USE ONLY				
Full approval will be withdrawn from approved program deviations if monitoring of these programs by the Illinois State Board of Education determines that they are: 1) not being implemented as approved; and/or 2) it is determined that adequate/sufficient services are not being provided to the special education students based on their IEPs.	DATE RECEIVED	DATE DISAPPROVED	REVIEWER	POST EVALUATION DUE DATE
		DATE APPROVED	REVIEWER	RECEIPT DATE

SPECIAL EDUCATION CLASSROOM SCHEDULE*

* Complete one for each program which has one FTE special education teacher.

NAME OF SCHOOL	SCHOOL YEAR
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NAME OF TEACHER

TYPE OF SCHOOL

<input type="checkbox"/> Elementary Pk-6	<input type="checkbox"/> Senior High
<input type="checkbox"/> Elementary Pk-8	<input type="checkbox"/> Junior/Senior High
<input type="checkbox"/> Middle	<input type="checkbox"/> Special Education Center
<input type="checkbox"/> Junior High	<input type="checkbox"/> Other _____

CLASS PERIOD	AGE SPAN BY BIRTHDATE OF OLDEST/ YOUNGEST CHILD (Age Range Request Only)	% OF SCHOOL DAY RECEIVING SERVICES (Class Size Request Only)	CLASSROOM PARAPROFESSIONAL (NOT INDIVIDUAL STUDENT AIDE)		NUMBER OF STUDENTS (Class Size Request Only)		
			Yes	No	EE Code 1	EE Code 2	EE Code 3
1.			<input type="checkbox"/>	<input type="checkbox"/>			
2.			<input type="checkbox"/>	<input type="checkbox"/>			
3.			<input type="checkbox"/>	<input type="checkbox"/>			
4.			<input type="checkbox"/>	<input type="checkbox"/>			
5.			<input type="checkbox"/>	<input type="checkbox"/>			
6.			<input type="checkbox"/>	<input type="checkbox"/>			
7.			<input type="checkbox"/>	<input type="checkbox"/>			
8.			<input type="checkbox"/>	<input type="checkbox"/>			
9.			<input type="checkbox"/>	<input type="checkbox"/>			
10.			<input type="checkbox"/>	<input type="checkbox"/>			
11.			<input type="checkbox"/>	<input type="checkbox"/>			
12.			<input type="checkbox"/>	<input type="checkbox"/>			
13.			<input type="checkbox"/>	<input type="checkbox"/>			

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SPECIAL EDUCATION TEACHER ASSESSMENT OVERVIEW

For confidentiality purposes, this completed form can be submitted directly to the Illinois State Board of Education at the indicated address or e-mail address.

NAME AND ADDRESS OF SCHOOL DISTRICT

JOINT AGREEMENT NAME

ATTENDANCE CENTER NAME

1. Describe the type of assistance provided by support staff, administration, and co-workers.

2. Describe how this deviation will impact instruction in your classroom.

3. How were you consulted regarding the class size, type of services, and degree of intervention required for each student in the classroom?

4. Are space, materials, and supports adequate to safely serve all students in this classroom? If no, please explain.

Print Name

Signature

Date