



**CAMAS SCHOOL DISTRICT
SPECIAL EDUCATION CASELOAD RELIEF
REVIEW FORM**

NAME _____

WORKSITE _____ **ASSIGNMENT** _____

DATE SUBMITTED _____

****Submit electronically (as an attachment to an email) to special education director and building administrator****

STATEMENT OF NEED: _____

POTENTIAL REMEDY FOR CASELOAD RELIEF:

- A. Additional certificated staffing
- B. Additional paraprofessional staffing
- C. Balancing of class loads
- D. Reassignment of students
- E. Provide support for assessment
- F. Revising the daily/weekly staffing schedule
- G. Revising the daily/weekly building schedule
- H. Substitute release time or equivalent pay of substitute release time
- I. Flexibility in meeting/in-service attendance to allow for additional time
- J. Other*

***DESCRIBE:**

DATE OF MEETING WITH IMMEDIATE SUPERVISOR AND SPECIAL EDUCATION DIRECTOR:

MUTALLY AGREED UPON REMEDY:

Plan of action will be initiated within 5 school days