

Section 7.04 Appendix D: SPED Caseload Management 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:

- Additional certificated staffing
- Additional paraprofessional staffing
- Balancing of class loads
- Reassignment of students
- Provide support for assessment
- Revising the daily/weekly staffing schedule
- Revising the daily/weekly building schedule
- Substitute release time or equivalent pay of substitute release time
- Flexibility in meeting/in-service attendance to allow for additional time
- Overload Relief Stipend
- Other* _____

MUTUALLY AGREED UPON REMEDY: _____

SUPERVISOR SIGNATURE:

DATE:

***Plan of action will be initiated within 5 school days**