

Special Education Caseload Overage & Coverage Matters Form

For each day insert the number of students you are over on your caseload and return it to the Director of Special Education for approval **at the end of each month**

Below are caseload limits prescribed by State Regulations, State Waiver or RESA Waivers

December
2021

OT – 45 PT – 45 Speech - 60

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

Teacher Name (please print)

Employee No.

Building

Assignment

Teacher Signature

Date

Director of Special Education Signature

Date

HR Use Only

_____ No. of Overages	_____ Amount Per Overage	_____ Total Amount Due
_____ HR Approval	_____ Date	