

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

January
2022

OT – 45 PT – 45 Speech - 60

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Teacher Name (please print)

Employee No.

Building

Assignment

Teacher Signature

Date

Director of Special Education Signature

Date

<u>HR Use Only</u>		
_____ No. of Overages	_____ Amount Per Overage	_____ Total Amount Due
_____ HR Approval		_____ Date