

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

November
2021

ASD – 7 EI – 12 Elem. R. Room – 23 OT – 45
POHI – 10 CI – 15 Sec. R. Room – 23 PT – 45

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

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	