

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

October
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
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

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