

# 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**

September  
2021

OT – 45    PT – 45    Speech - 60

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