

### **Special Education Student Overage Form**

In the determination of maximum class sizes, some special education students who present significant challenges beyond that of a typical student may be counted as 1.3 students toward the total class size. The rules for this determination may be found in Article VI of the Master Agreement. This form is to help teachers and administrators decide whether a special education student qualifies as 1.3 students in final class size determination. This form is not intended to imply that providing the best educational experience possible or providing for the student's individual needs is the responsibility of the administration alone. This responsibility remains a joint function of the administration, the teaching staff, the parents and the student.

**Teacher Name:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Special Ed. Qualification Area:** \_\_\_\_\_

**Does this class include work that includes the student's qualification area?**

\_\_\_\_\_  
**Today's Date:** \_\_\_\_\_ **Is it within the first 25% of the term?** \_\_\_\_\_

**Teacher Concerns:** Please describe the unusual challenges that this student faces or presents in this class. These may include accommodations needed, classroom management issues, meetings required, or any other excess time required to meet the student's or the class's needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Administration Attempts to Remedy:** Administrators, please list accommodations, structures, or protocols put in place in an attempt to remedy the situation described above. Please be advised that any solutions attempted should be collaboratively designed with input from the teacher, the administrator, and the special education teacher assigned to the student. (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Teacher Response/Conclusion:** At the conclusion of the term, please indicate whether the administrator-implemented strategies were successful in alleviating the additional time and work presented by the student's disability. If yes, no further information is needed. If not, please describe the specific challenges (from above) that were not addressed and how they caused additional time to be spent on this student.

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**Does this student qualify as 1.3 students when calculating class size? \_\_\_\_\_**

**HEA Representative Signature:**\_\_\_\_\_

**Teacher Signature:**\_\_\_\_\_

**Principal Signature:**\_\_\_\_\_

*Please submit this form to your supervising principal within 15 days of the end of the marking period.*