

REQUEST FOR APPROVAL OF CLASS SIZE/AGE RANGE
DEVIATION (S)
2009-2010 School Year

General Information

- Deviations are granted for special education instructional classrooms/programs PK-12 that are in session during the regular school year or during extended school year (ESY). Deviations do not apply to resource classrooms.
- The deviation request must be approved prior to implementation. If this is not possible, the district must provide services following the IEP as closely as possible while waiting for an answer to their deviation request.
- The deviation request form can be completed on-line. Please print the completed form and either mail or fax to ISBE. Hand written copies are not acceptable.
- The deviation request must be submitted by the state approved special education director for the district or the cooperative of which the district is a member.
- In addition to the deviation request forms, all documentation related to the district's self-assessment must also be submitted.
- As a first step, the ISBE reviewer will verify that the technical assistance supervisor and teacher of the affected classroom are properly certified. Lack of proper certification will result in an immediate denial of the deviation request.
- The district contact person will be informed of the deviation request decision via e-mail, followed by a letter. The district should expect a decision within two weeks of receipt of the request.

Criteria for Review of Deviation Request

The major areas considered by the ISBE Division of Special Education Services staff in evaluating a deviation request are:

- The district's self-assessment and their rationale for requesting a deviation
- Nature and severity of disabilities
- Information provided by the classroom teacher and technical assistance supervisor

Related information that may be reviewed includes:

- Monitoring reports
- Complaint history for the district
- Due process history for the district
- Previously submitted deviations

Unusual circumstances may result in an on-site review of the district program or classroom. If it is determined that the deviation(s) is not being implemented as approved, the deviation approval will be immediately rescinded and corrective action will be required.

Denial of Deviation Request

In the event a deviation request is denied, the district will be required to submit documentation detailing correction of the situation.

District Self-Assessment

Prior to submission of the deviation request the district is required to complete a self-assessment as indicated below:

- Review the IEP for each student in the affected classroom for minutes of special education services and whether the services accurately reflect the needs of the student (e.g. does the student's placement in the self-contained classroom accurately reflect the student's need, particularly in a case where the student is in a self-contained classroom and there is not a goal in that subject area).
- Investigate the use of ARRA funds to eliminate the need for a deviation.
- Investigate the use of the working cash fund to eliminate the need for a deviation.

Submission of Forms

Request for Approval of Program Deviation(s)

- Submission of this form is required for all requests
- Attach the results of the district self-assessment to this form
- The Rationale section of this form should include a discussion of the following:
 - What was done as a result of the self-assessment
 - Why a deviation is still necessary

- What will be done over the course of the school year to correct non-compliance by the beginning of the 2010-2011 school year

Special Education Classroom Schedule

- Submission of this form is required for all requests
- The age span column need only be completed if the deviation request is for age range, in which case the birth date of the oldest and youngest child must be recorded for each period (e.g. 6/21/00-7/14/05)
- EE code refers to the percentage of the bell-to-bell minutes that the child is in the general education setting ($\geq 80\%$ =EE code 01, $79-40\%$ =EE code 02, $<40\%$ =EE code 03)

Evaluation for Classroom Teacher*

- Submission of this form (both pages) is required for all requests
- The teacher of the affected classroom will complete both pages of this form*

Evaluation for Technical Assistance Supervisors*

- Submission of this form is required for all requests
- The technical assistance supervisor who serves the classroom teacher will complete this form*

Post Evaluation for Technical Assistance Supervisors

- Submission of this form is required for all requests
- The technical assistance supervisor will complete this form at the end of the school year and submit it to ISBE by June 30, 2010

*For confidentiality purposes, these forms may be submitted by the person completing the form directly to the Division of Special Education Services via mail or fax.

Should you have further questions regarding the deviation process, please contact Betty Hendrickson at bhendric@isbe.net or 217/782-5589

ILLINOIS STATE BOARD OF EDUCATION

Division of Special Education Services
 Attention: Special Education - Deviations
 100 North First Street, N-253
 Springfield, Illinois 62777-0001
 OR
 Telephone: 217/782-5589
 FAX Number: 217/782-0372

**REQUEST FOR APPROVAL OF
 PROGRAM DEVIATION(S)
 School Year 2009-2010**

INSTRUCTIONS: Complete and submit this form to the above address or fax number. Approval must be obtained prior to the implementation of class size or age range deviations. If this is not possible, the district must provide services as closely aligned as possible to the student's IEP while awaiting a response to the deviation request.

COOPERATIVE/DISTRICT INFORMATION

NAME OF SERVING SPECIAL EDUCATION DISTRICT OR COOPERATIVE		
ADDRESS (Street, City, State, Zip Code)	NAME OF DIRECTOR OF SPECIAL EDUCATION	
NAME/TITLE OF DISTRICT CONTACT PERSON	TELEPHONE (Include Area Code)	FAX (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL ADDRESS	

STAFF INFORMATION

NAME OF SCHOOL	GRADES IN BUILDING	NAME OF CLASSROOM TEACHER (Last, First, MI)
NAME OF TECHNICAL ASSISTANCE SUPERVISOR (Last, First, MI)		IEIN OR LAST FOUR DIGITS OF CLASSROOM TEACHER SOCIAL SECURITY NUMBER
IEIN OR LAST FOUR DIGITS OF TECHNICAL ASSISTANCE SUPERVISOR SOCIAL SECURITY NUMBER	NUMBER OF PROGRAM ASSISTANTS (Aides)	Specify the number of assigned full time program assistants serving this class. Do not list individual student aides.

PROGRAM INFORMATION

DISABILITY KEY		PRIMARY DISABILITY (Indicate all that apply)	PROPOSED DEVIATION
A = Mental Retardation C = Orthopedic Impairment D = Specific Learning Disability E = Visual Impairment F = Hearing Impairment H = Deaf/Blindness I = Speech/Language Impairment	K = Emotional Disturbance L = Other Health Impairment M = Multiple Disabilities N = Developmental Delay O = Autism P = Traumatic Brain Injury		

RATIONALE

The rationale for this deviation must include an explanation of what was done as a result of the self-assessment, why the deviation is necessary, and what the district is doing to correct non-compliance by the beginning of the 2010-2011 school year. Please submit all documentation relevant to the district's self-assessment with this form.

YES NO Did you request a deviation for the same class/program previously? If yes, describe the reasons for the resubmission. Attach additional sheets to this form as necessary.

 Date Original Signature of District Superintendent Date Original Signature of State-Approved Director

ISBE USE ONLY

Full approval will be withdrawn from approved program deviations if monitoring of these programs by the Illinois State Board of Education determines that they are: 1) not being implemented as approved; and/or 2) it is determined that adequate/sufficient services are not being provided to the special education students based on their IEPs.	DATE RECEIVED	DATE DISAPPROVED	REVIEWER	POST EVALUATION DUE DATE
		DATE APPROVED	REVIEWER	RECEIPT DATE

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SPECIAL EDUCATION CLASSROOM SCHEDULE*

* Complete one for each program which has one FTE special education teacher.

NAME OF SCHOOL		SCHOOL YEAR	TYPE OF SCHOOL	
NAME OF TEACHER		TODAY'S DATE	<input type="checkbox"/> Elementary Pk-6	<input type="checkbox"/> Senior High
			<input type="checkbox"/> Elementary Pk-8	<input type="checkbox"/> Junior/Senior High
			<input type="checkbox"/> Middle	<input type="checkbox"/> Special Education Center
			<input type="checkbox"/> Junior High	<input type="checkbox"/> Other _____

CLASS PERIOD	AGE SPAN BY BIRTHDATE OF OLDEST/ YOUNGEST CHILD	PRIMARY DISABILITY(S)	PROGRAM ASSISTANT PRESENT		NUMBER OF STUDENTS			PROGRAM DESCRIPTION TO INCLUDE SUBJECT TAUGHT
			Yes	No	EE Code 1	EE Code 2	EE Code 3	
1.			<input type="checkbox"/>	<input type="checkbox"/>				
2.			<input type="checkbox"/>	<input type="checkbox"/>				
3.			<input type="checkbox"/>	<input type="checkbox"/>				
4.			<input type="checkbox"/>	<input type="checkbox"/>				
5.			<input type="checkbox"/>	<input type="checkbox"/>				
6.			<input type="checkbox"/>	<input type="checkbox"/>				
7.			<input type="checkbox"/>	<input type="checkbox"/>				
8.			<input type="checkbox"/>	<input type="checkbox"/>				
9.			<input type="checkbox"/>	<input type="checkbox"/>				

1. Number of students this teacher serves who are receiving services EE Code 1 _____
2. Number of students this teacher serves who are receiving services EE Code 2 _____
3. Number of students this teacher serves who are receiving services EE Code 3 _____
4. Case management load _____

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EVALUATION FOR CLASSROOM TEACHER

NAME AND ADDRESS OF SCHOOL DISTRICT

JOINT AGREEMENT NAME

ATTENDANCE CENTER NAME

1. Indicate the name of the person(s) who provide(s) direct technical assistance supervision of your program.	
2. Indicate the frequency of contact and describe the types of support provided by the technical assistance supervisor(s).	
3. List the types of support you receive from: a. Co-workers	
b. Administration	
c. Parents	
d. Building support staff	
e. Others	
4. Indicate how this deviation will impact direct instruction in your classroom.	
5. Describe the impact of this deviation on related services to your students.	
6. Are you consulted in placement decisions regarding: <input type="checkbox"/> Yes <input type="checkbox"/> No a. EE? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Type of services? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Scheduling of services? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Class load? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Degree of intervention required for each student?.	

7. Indicate the impact this deviation may make on the quality of the instruction.	
8. What appropriate services will be diminished because of this deviation?	
Are there any harmful effects?	
9. Will you need more space to implement the deviation?	
10. In the event of denial of this deviation, how will FAPE be ensured?	
11. Do you regularly attend eligibility meetings and IEP meetings for your students?	
What percent of the time do you attend?	
12. How much involvement do you have in the eligibility decisions for incoming students?	
13. What part do you play in developing the student's IEP?	

Signature

Date

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**EVALUATION FOR
TECHNICAL ASSISTANCE SUPERVISORS**

NAME AND ADDRESS OF SCHOOL DISTRICT

JOINT AGREEMENT NAME

ATTENDANCE CENTER NAME

1. Describe the direct cause(s) for this deviation request.	
2. What direct and/or related services will be diminished because of this deviation?	
3. What supports are in place to assist the teacher(s) impacted by this program deviation?	
4. What additional student support will be required to achieve the goals/objectives?	
5. What involvement did the teacher have in planning the deviation?	
6. What other options were examined prior to the request for deviation and why were they determined to be inappropriate?	

Signature

Date

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**POST EVALUATION FOR
TECHNICAL ASSISTANCE SUPERVISORS**

INSTRUCTIONS: Complete after the end of current school year and submit to Illinois State Board of Education by June 30, 2010.

NAME AND ADDRESS OF SCHOOL DISTRICT

JOINT AGREEMENT NAME

ATTENDANCE CENTER NAME

1. Describe the extent of your involvement with this deviation during the past year.	
2. What other options could have been explored?	
Why weren't they considered?	
3. Do you anticipate the need for a deviation for this classroom next year? If so, why?	
4. How will you be involved with the planning for next year's program?	

Signature

Date