

REQUEST FOR 70/30 DEVIATION 2009-2010 School Year

General Information

- The deviation 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 its 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.
- As a first step, the ISBE reviewer will verify that the general education teacher and the special education teacher (if applicable) 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.

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.

Submission of Forms

Request for Approval of 70/30 Deviation

- Submission of this form is required for all requests

Classroom Enrollments for 2009-2010

- Submission of this form is required if there is more than one section of the class or classroom in the building (e.g. more than one section of second grade, or more than one section of 9th grade Language Arts)

Specific Classroom Information

- Information regarding the specific classroom for which the deviation is requested is included on this form

- Special education teacher information is necessary only if the class is a co-teaching situation
- In order to verify certification, either the EIEN or last four digits of the social security number of the general education and special education teachers must be included
- Educational Environment 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)
- Individual student information is required only for each IEP student in the affected classroom

Evaluation for General Education Teacher

- This form must be completed by the general education teacher of the affected classroom
- For confidentiality purposes, this completed form can be directly faxed or mailed to ISBE

Evaluation for Special Education Teacher

- Completion of this form is required only if the classroom for which the deviation is sought is a co-teaching situation
- For confidentiality purposes, this completed form can be directly faxed or mailed to ISBE

Evaluation for Building Level Administrator

- This form must be completed by the administrator in charge of the building housing the affected classroom

Post evaluation for Building Level Administrator

- This form must be completed by the building administrator at the end of the school year and submitted to ISBE by June 30, 2010

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

Special Education Services Division
 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
 70/30 DEVIATION
 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 a deviation. 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.

DISTRICT NAME AND NUMBER	NAME AND TITLE OF CONTACT PERSON	
BUILDING REQUESTING DEVIATION	TELEPHONE (Include Area Code)	FAX (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL ADDRESS	
NAME OF COOPERATIVE	NAME OF DIRECTOR OF SPECIAL EDUCATION	

RATIONALE

Describe the unique circumstances that have occurred that require the need for a deviation. The rationale for meeting this need through a deviation must be explained. Additional information may be required if necessary to further clarify this request.

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

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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EVALUATION FOR GENERAL EDUCATION TEACHER

DISTRICT NAME AND NUMBER

ATTENDANCE CENTER NAME

1. What input did you provide regarding the placement of special education students in your classroom?	
2. Indicate the frequency of contact and describe the types of support provided by the special education teacher.	
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 instruction in your classroom.	
5. How were you consulted regarding the degree of intervention required for each student with disabilities.	
6. Will you need more space to implement the deviation?	
7. Do you regularly attend IEP meetings for the special education students in your classroom? If so, describe the input you provide.	

_____ *Date*

_____ *Signature*

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EVALUATION FOR SPECIAL EDUCATION TEACHER

DISTRICT NAME AND NUMBER

ATTENDANCE CENTER NAME

1. What input did you provide regarding the placement of special education students in the general education classroom?

2. Explain how you collaborate with the general education teacher.

3. List the types of support you receive from:

a. Co-workers

b. Administration

c. Parents

d. Building support staff

e. Others

4. How were you consulted regarding the degree of intervention required for each student with disabilities.

Date

Signature

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EVALUATION FOR BUILDING LEVEL ADMINISTRATOR

DISTRICT NAME AND NUMBER

ATTENDANCE CENTER NAME

1. Describe the direct cause(s) for this deviation request.

2. Describe the continuum of services available to special education students in this building.

3. What supports are in place to assist the general educator impacted by this classroom deviation?

4. What additional student support will be required to achieve the goals/objectives?

5. What involvement did the general educator have in planning the goals/objectives?

6. What other options were examined prior to the request for deviation and why were they determined to be inappropriate?

7. In the event of denial of this deviation, how will FAPE be ensured?

_____ *Date*

_____ *Signature*

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POST EVALUATION FOR BUILDING LEVEL ADMINISTRATOR

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

DISTRICT NAME AND NUMBER

ATTENDANCE CENTER NAME

1. Describe the extent of your involvement with this classroom during the past year.

2. What adverse effects resulted from this deviation?

What other options should be considered?

3. How will you ensure a deviation is not needed for the 2010-2011 school year?

4. How will you be involved with the planning for next year's classroom?

_____ *Date*

_____ *Signature*