

SPECIAL EDUCATION DEPARTMENT

Superintendent Authorization (page 1)

- Complete all information on page 1.
- A separate authorization must be completed for each individual class or section for which a deviation is being submitted.
- Name of contact for deviation should be someone who is knowledgeable about the submission and able to answer any additional questions and/or provide requested information, as applicable.
- Submissions must be signed by Superintendent or [State Approved Special Education Director](#).

70/30 Class Composition

Rationale (page 2)

- Complete all information for each individual class or section for which a deviation is being submitted.

General Education Teacher Assessment Overview (page 3 - OPTIONAL)

- Complete all information; a separate page should be submitted for each class or section if a teacher has more than one class or section for which a deviation is being submitted.

Special Education Co-teacher Assessment Overview (page 4 - OPTIONAL)

- Only submitted if a co-teacher is assigned to the class or section.
- Complete all information; a separate page should be submitted for each class or section if a teacher has more than one class or section for which a deviation is being submitted.

Submission of Deviation

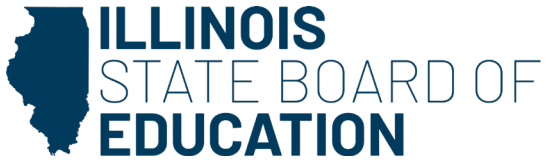
- Deviations are expected to be submitted prior to implementation of a classroom out of compliance with rule 23 IAC 226.720 and/or 226.730.
- Only those pages applicable to the submission should be submitted; a deviation cannot be considered received until all applicable pages have been received by ISBE.
- Forms may be submitted electronically via email or sent to ISBE by mail.

Electronic Submission

Email forms to DEV@isbe.net

US Mail

Illinois State Board of Education
Special Education Department
100 North First Street, N-253
Springfield, Illinois
62777-0001



100 North First Street, N-253
Springfield, Illinois 62777-0001

**70/30 CLASS
COMPOSITION DEVIATION
SUBMISSION**

SPECIAL EDUCATION DEPARTMENT

SUPERINTENDENT AUTHORIZATION

DEMOGRAPHIC INFORMATION

DISTRICT NAME AND NUMBER	NAME OF CONTACT FOR SUBMISSION
NAME OF SUPERINTENDENT	CONTACT ADDRESS (if different from district)
ADDRESS (Street, City, State, ZIP Code)	CONTACT TITLE
NAME OF BUILDING/ATTENDANCE CENTER	CONTACT EMAIL
NAME OF BUILDING PRINCIPAL	CONTACT TELEPHONE
NAME OF CLASSROOM TEACHER	GRADE/SUBJECT OF CLASS

Superintendent or State Approved Director of Special Education

Title

Digital or Original Signature

Date

**ILLINOIS STATE BOARD OF EDUCATION
70/30 CLASS COMPOSITION DEVIATION RATIONALE**

TEACHER	GRADE/SUBJECT	TOTAL # IEPS (MINUS S/L ONLY)	TOTAL # WITHOUT IEPS (PLUS S/L ONLY)	TOTAL ENROLLMENT	PERCENTAGE WITH IEPS
CO-TEACHER	CO-TEACHER NAME	DATE ON WHICH DEVIATION INITIATES		DATE ON WHICH DEVIATION WILL END	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
DISTRICT NAME AND NUMBER			SCHOOL/ATTENDANCE CENTER NAME		

Complete all information for each individual class or section for which a deviation is being submitted.

Describe how the placement of students in this setting based on the IEP team's decision regarding FAPE in the LRE resulted in a classroom out of compliance with 23 IAC 226.720 and/or 226.730.

Describe the alternative options that were considered by the district to remain in compliance with 23 IAC 226.720 and/or 226.730 and why the district believes their deviation from this rule will not negatively impact the students placed in this classroom.

Describe how the district has provided supports for classroom personnel to enable them to meet the specific needs of the students with disabilities in this class.

Describe how the district will continue to work to reduce or eliminate the deviation in this classroom, and work to reduce non-compliance with 23 IAC 226.720 and/or 226.730 in the future. Include both short-term and long-term efforts.

**ILLINOIS STATE BOARD OF EDUCATION
70/30 CLASS COMPOSITION DEVIATION**

GENERAL EDUCATION TEACHER ASSESSMENT OVERVIEW (OPTIONAL)

TEACHER	GRADE/SUBJECT	TOTAL # IEPS (MINUS S/L ONLY)	TOTAL # WITHOUT IEPS (PLUS S/L ONLY)	TOTAL ENROLLMENT	PERCENTAGE WITH IEPS
DISTRICT NAME AND NUMBER			SCHOOL/ATTENDANCE CENTER NAME		

Complete all information; a separate page should be submitted for each class or section if teaching more than one class or section for which a deviation is being submitted. A teacher may provide this form to the district for submission, or may choose to submit directly to ISBE via email (DEV@isbe.net) or U.S. mail (Illinois State Board of Education, Special Education Services, 100 North First Street, N-253, Springfield, IL 62777) The form must include the signature of the teacher filling out the form.

Describe any changes in delivering instruction that will be necessary to meet the needs of additional students with disabilities in this classroom.

Describe how the district has provided you support to meet the specific needs of the students with disabilities. What additional supports, if any, have you requested to support the students in this classroom; how did the district respond?

Describe how you collaborate with, and are provided support by special educators to serve students in this classroom. If this classroom has a co-teacher or classroom para-professional, describe specifically your and their roles and expectations regarding supporting students with disabilities in the class.

Are space, materials and supports adequate to safely serve all students in the classroom? If no, explain.

Print/type Name

Digital or Original Signature

Date

**ILLINOIS STATE BOARD OF EDUCATION
70/30 CLASS COMPOSITION DEVIATION**

SPECIAL EDUCATION CO-TEACHER ASSESSMENT OVERVIEW (OPTIONAL)

TEACHER	GRADE/SUBJECT	TOTAL # IEPS (MINUS S/L ONLY)	TOTAL # WITHOUT IEPS (PLUS S/L ONLY)	TOTAL ENROLLMENT	PERCENTAGE WITH IEPS
DISTRICT NAME AND NUMBER			SCHOOL/ATTENDANCE CENTER NAME		

Complete all information; a separate page should be submitted for each class or section if teaching more than one class or section for which a deviation is being submitted. A teacher may provide this form to the district for submission, or may choose to submit directly to ISBE via email (DEV@isbe.net) or U.S. mail (Illinois State Board of Education, Special Education Services, 100 North First Street, N-253, Springfield, IL 62777) The form must include the signature of the teacher filling out the form.

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Are space, materials and supports adequate to safely serve all students in the classroom? If no, explain.

Print/type Name

Digital or Original Signature

Date