



**SPECIAL EDUCATION DEPARTMENT**

**Superintendent Authorization of Application (page 1)**

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

**Special Education Class Size Application**

*Rationale (page 2)*

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

*Class Size Special Education Teacher Assessment Overview (page 3 - OPTIONAL)*

If teachers choose to submit input, a teacher may provide the assessment form to the district for submission or may choose to submit directly to ISBE. If submitted separately, teacher input must be received by ISBE within 7 calendar days of the district application date received by ISBE.

**Submission of Application**

- Applications are expected to be submitted prior to implementation of a classroom out of compliance with rule 226.730. Approvals will be granted based on date received by ISBE.
- Only those pages applicable to the application should be submitted; an application cannot be considered until all applicable pages have been received by ISBE.
- A teacher may provide the assessment form to the district for submission, or may choose to submit directly to ISBE.

*Electronic Submission*

- Forms must be printed, signed and scanned for submission to include the original signature on all applicable pages.
- E-mail forms to [DEV@isbe.net](mailto:DEV@isbe.net)

*US Mail*

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



# Illinois State Board of Education

100 North First Street  
Springfield, Illinois 62777-0001

## APPLICATION FOR DEVIATION APPROVAL INSTRUCTIONS

### SPECIAL EDUCATION DEPARTMENT

### SUPERINTENDENT AUTHORIZATION SPECIAL EDUCATION CLASS SIZE DEVIATION APPLICATION

#### DEMOGRAPHIC INFORMATION

|   |  |
|---|--|
| DISTRICT NAME AND NUMBER                | NAME OF CONTACT FOR APPLICATION              |
| NAME OF SUPERINTENDENT                  | CONTACT ADDRESS (if different from district) |
| ADDRESS (Street, City, State, Zip Code) | CONTACT TITLE                                |
| NAME OF BUILDING/ATTENDANCE CENTER      | CONTACT E-MAIL                               |
| NAME OF BUILDING PRINCIPAL              | CONTACT TELEPHONE                            |
| NAME OF CLASSROOM TEACHER               | GRADE/SUBJECT OF CLASS                       |

\_\_\_\_\_  
*Superintendent or State Approved Director of Special Education*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Original Signature*

\_\_\_\_\_  
*Date*

**ILLINOIS STATE BOARD OF EDUCATION  
SPECIAL EDUCATION CLASS SIZE DEVIATION APPLICATION RATIONALE**

| TEACHER                  | GRADE/SUBJECT/CLASSROOM | INITIATION DATE               | END DATE |
|--------------------------|-------------------------|-------------------------------|----------|
|                          |                         |                               |          |
| DISTRICT NAME AND NUMBER |                         | SCHOOL/ATTENDANCE CENTER NAME |          |
|                          |                         |                               |          |

| Class Period                                      | Number of students who receive special education services for 20% of the school day or less | Number of students who receive special education services for more than 20% of the school day but no more than 60% of the school day | Number of students who receive special education services for more than 60% of the school day | Total Number of Students in Class | Classroom Paraprofessional                               |
|---|---|--|---|-----------------------------------|--|
| Full Day  |   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Or by only those periods that require a deviation | 1   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 2   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 3   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 4   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 5   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 6   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 7   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 8   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 9   |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 10  |  |   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Complete all information for each individual classroom for which an application for deviation is being submitted.**

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

Describe options that were considered by the district to remain in compliance with 23 IAC 226.730 and why the district believes being granted a deviation from this rule will not negatively impact the students placed in this classroom versus a classroom in compliance with rule.

Describe how the district has provided supports for the classroom teacher to enable him or her to meet the specific needs of the students with disabilities as they arise from each student's disability.

**ILLINOIS STATE BOARD OF EDUCATION  
SPECIAL EDUCATION CLASS SIZE DEVIATION APPLICATION  
SPECIAL EDUCATION TEACHER ASSESSMENT OVERVIEW (OPTIONAL)**

| TEACHER                  | GRADE/SUBJECT/CLASSROOM | TOTAL # OF STUDENTS           | PARA-PROFESSIONAL IN THE ROOM                            |
|--------------------------|-------------------------|-------------------------------|--|
|                          |                         |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 an application for 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](mailto:DEV@isbe.net)) or U.S. mail (Illinois State Board of Education, Special Education Department, 100 North First Street, N-253, Springfield, IL 62777). The form must include the original signature of the teacher filling out the form.

If teachers choose to submit input, a teacher may provide the assessment form to the district for submission or may choose to submit directly to ISBE. If submitted separately, teacher input must be received by ISBE within 7 calendar days of the district application date received by ISBE.

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

---

What additional supports, if any, have you requested to support the additional students in this classroom; how did the district respond?

---

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

---

*Print/type Name*

---

*Original Signature*

---

*Date*