



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 Age Range Application

Rationale (page 2)

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

Age Range 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 226.720. Approvals will be granted based on date received by ISBE.
- An application cannot be considered until all applicable pages have been received by 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

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 CLASSROOM AGE 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 CLASSROOM AGE RANGE DEVIATION APPLICATION RATIONALE**

TEACHER	GRADE/SUBJECT/CLASSROOM	ELEMENTARY (K-8)	SECONDARY (9-12)	INITIATION DATE	END DATE
		<input type="checkbox"/>	<input type="checkbox"/>		
DISTRICT NAME AND NUMBER		SCHOOL/ATTENDANCE CENTER NAME			

CLASS PERIOD	DOB YOUNGEST STUDENT (MM/DD/YYYY)	DOB OLDEST STUDENT (MM/DD/YYYY)	AGE RANGE FROM YOUNGEST TO OLDEST (YEARS/MONTHS)	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 226.720.

Describe options that were considered by the district to remain in compliance with 23 IAC 226.720 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 CLASSROOM AGE RANGE DEVIATION APPLICATION
SPECIAL EDUCATION TEACHER ASSESSMENT OVERVIEW (OPTIONAL)**

TEACHER	GRADE/SUBJECT/CLASSROOM	AGE RANGE: YOUNGEST TO OLDEST (YEARS / MONTHS)	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) 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 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