

SPECIAL EDUCATION DEPARTMENT

DEVIATION SUBMISSION INSTRUCTIONS

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](#).

Special Education Age Range

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.

Submission of Deviation

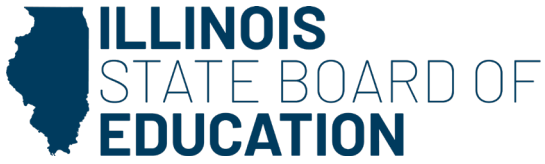
- Deviations are expected to be submitted prior to implementation of a classroom out of compliance with rule 23 IAC 226.720 and/or 226.730.
- Only those pages applicable to the submission should be submitted; a deviation cannot be considered received until all applicable pages have been received by ISBE.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

Electronic Submission

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



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Springfield, Illinois 62777-0001

**SPECIAL EDUCATION AGE RANGE
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
SPECIAL EDUCATION CLASSROOM AGE RANGE DEVIATION 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 PARA-PROFESSIONAL
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

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
SPECIAL EDUCATION CLASSROOM AGE RANGE
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 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?

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