



NONPUBLIC SPECIAL EDUCATION PROGRAM DEVIATION REQUEST INSTRUCTIONS

Form Completion

A. Request for Approval of Age Range and/or Class Size Deviations

- Submit a form for each age range and/or class size deviation requested.
- Complete the chart, recording the date of birth (DOB), age in years and months, and primary disability eligibility category of each student in the affected classroom.
- Add any student the program is requesting a deviation for indicating his/her DOB, age in years and months, primary disability eligibility category, and finally the total age range of students in the affected classroom.
- Rationale Section
 1. Answer all questions/areas. (Any omitted sections will nullify the application.)
 2. Complete a separate full application for each class in which a deviation of age range and/or class size is requested.

B. Special Education Classroom Teacher Assessment page (last page of the packet)

- This page must be submitted.
- All question areas must be completed by the special education classroom teacher of the class for which the deviation is being requested.

Submission of Forms

1. Electronic Submission: Complete all required forms and submit electronically to your primary principal consultant:

Antonios Atsaves – aatsaves@isbe.net

Sherry Bochenek – sbochene@isbe.net

Helen Kossler – hkossler@isbe.net

Christine Wietasch - cwietasc@isbe.net

For questions, please contact your primary principal consultant by email or at (217) 782-5589.

Citations to Regulations

Section 226.720 Facilities and Classes

a) Facilities of school districts, special education cooperatives, or joint agreements used for special education services shall be appropriate to, and adequate for, the specific programs or services for which they are used and, pursuant to Section 14-8.01 of the School Code, shall be subject to the applicable provisions of 23 Ill. Adm. Code 180 (Health/Life Safety Code for Public Schools). The facilities shall be comparable to those provided to the students in the general education environment. The facilities of special education providers under Section 14-7.02 of the School Code [105 ILCS 5/14-7.02] are governed by 23 Ill. Adm. Code 401.

b) The age range of students within a special education grouping shall not exceed four years at the elementary level and six years at the secondary level. Early childhood classes and services shall serve only children from three through five years of age, except that a district shall not be prohibited from permitting a child who reaches his or her sixth birthday during a year to complete that year.

c) Special education classes and services shall be delivered in age-appropriate settings.

Section 401.140 Provision of Educational Program

a) Each provider shall ensure that each student receives special education and related services in accordance with his or her IEP, provided that the use of behavioral intervention strategies that would jeopardize the safety or security of students or would rely upon pain as an intentional method of control shall not be permitted. Providers utilizing disciplinary or behavioral techniques or interventions prohibited in Illinois are not eligible for approval, except as otherwise provided in Section 14-7.02 of the School Code.

b) Each educational program shall be conducted in accordance with the requirements of 23 Ill. Adm. Code 226.720 (Facilities and Classes).

c) Each class offered in a program subject to this Part shall have a maximum enrollment of five students per licensed/certified special education teacher. The enrollment in a class may be increased by a maximum of five students when a full-time paraprofessional or other professional staff is provided, for a maximum of 10 students.

d) Deviations from the allowable class size or from the age range requirements of subsection (c) or from subsection (b) may be requested in writing. A rationale for the request (e.g., a staff member resigns right before the start of the school year and the facility can provide documentation that it is actively pursuing filling the vacancy but has not yet found a qualified individual for the position) and plan for evaluation of the deviations shall be submitted with the request.

Criteria Considered in Approving Deviation Requests

A request for deviation must occur prior to a program making the change in any classroom where a deviation is being sought. The program is out of compliance if a deviation is made without prior approval. Noncompliance with 23 Illinois Administrative Code 401.140 may result in automatic denial of a request for approval of age range and/or class size deviations. Criteria considered include:

- A change that occurs within a school year that is beyond the control of the program;
- The anticipated duration of impact to programming;
- The program's identified short-term plan for compliance;
- Alternate options explored by the program aside from the deviation request;
- All requests will be reviewed based on the:
 1. Individual program's circumstance as presented in the request,

2. Length of time the deviation is needed,
3. Program's identified plan for compliance, and
4. The effect of the deviation on overall educational programming for students in the affected class.

- NOTE: Deviation requests are not approvable if the request is in lieu of opening a new classroom or adjusting scheduling of students in courses. They also are not approvable in instances where a student's developmental level more closely matches that of students in a classroom, but their age falls outside of the appropriate range.

ISBE will issue an approval determination based on documentation provided in the application request submitted.

1. Any deviation, if approved, is valid for a time period less than the current school year. Deviation approval is **not** ongoing, and each deviation approval has a definitive end date.
2. All classrooms should be in compliance with age range and class size regulatory requirements at the start of a new school year, as unique circumstances cannot be planned in advance.

ILLINOIS STATE BOARD OF EDUCATION

Special Education Department

Telephone: (217) 782-5589

Antonio Atsaves – aatsaves@isbe.netSherry Bochenek – sbochene@isbe.netHelen Kossler – hkossler@isbe.netChristine Wietasch – cwietasc@isbe.net**APPLICATION FOR DEVIATION REQUEST****Special Education Facilities Under Section 14-7.02 of the School Code**

PROGRAM NAME (Private Facility Code Number):	NAME OF SITE ADMINISTRATOR, TITLE:
ADDRESS (Street, City, State, ZIP Code):	SITE ADMINISTRATOR EMAIL:
SPECIAL EDUCATION CLASSROOM TEACHER'S NAME OF REQUESTED CLASS DEVIATION:	SITE ADMINISTRATOR CONTACT TELEPHONE (Include Area Code):

*Digital or Original Signature of Site Administrator*_____
Title_____
Date***Request for Deviation***

Identify the area(s) for which the program is requesting a deviation:

Provision of Educational Program	<input type="checkbox"/>	401.140 (b) 226.720 (b)	Classroom age range
	<input type="checkbox"/>	401.140 (c)	Class size

AGE RANGE AND/OR CLASS SIZE DEVIATION REQUEST APPLICATIONDeviation Requested Initiation Date: _____ Classroom Name: _____
(mm/dd/yyyy)Deviation Requested End Date: _____ Classroom Teacher: _____
(mm/dd/yyyy)

Complete the chart below for the affected classroom requesting a deviation. Please insert the information for any proposed new student in the classroom in the “*PROPOSED ADDED STUDENT(S)*” box. (Add rows, as needed.)

Classroom Level : ☐Preschool (ages 3 – 6 years)

☐Elementary Level (K-8)

☐Secondary Level (9-12+)

STUDENT #	DOB (mm/dd/yyyy)	CURRENT AGE (Years, Months)	PRIMARY DISABILITY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PROPOSED ADDED STUDENT(S)*

STUDENT	DOB (mm/dd/yyyy)	CURRENT AGE (Years, Months)	PRIMARY DISABILITY

**Attach additional documentation for any subsequently added student(s).*

TOTAL CLASSROOM AGE RANGE WITH ADDED STUDENTS

YEARS	MONTHS

Request Rationale

Please provide a response to all questions in the rationale section below. Incomplete application requests will not be approved.

1. Describe the direct cause of this deviation request.

2. Describe each option that was considered prior to this deviation request and why each was determined to be inadequate.

3. Explain how the program will ensure that the educational needs of all students in the affected classroom will be met during the time of this proposed deviation.

4. List the supports in place to assist the special educator and other professional staff in the affected classroom.

5. Explain student characteristics of the affected classroom and any subsequent student added to the classroom. Explain why this classroom is proposed as the most appropriate for this student given the circumstances.

Special Education Classroom Teacher Assessment

SPECIAL EDUCATION CLASSROOM TEACHER NAME	CLASSROOM PARAPROFESSIONAL NAME(S)	SUBJECT/CLASSROOM IDENTIFIER
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1. Describe the continuum of supports provided to students with Individualized Education Programs (IEPs) in this class.

2. Explain how this request for deviation will impact the delivery of instruction and related services to all students in this class.

3. If this class has a co-teacher or paraprofessional support, describe specifically the roles and expectations of each in supporting the special education classroom teacher and students with disabilities in the class.

4. Describe the collaboration with program administration and related service providers in order to meet the documented needs of students receiving special education services in this class.

5. Explain how space, materials, and supports are adequate to safely serve all students in this class.

Date

Print Name

Digital or Original Signature of
Special Education Classroom Teacher