

NONPUBLIC SPECIAL EDUCATION PROGRAM DEVIATION REQUEST FORM AND INSTRUCTIONS**1. Instructions****a. Form Completion**

- i. Submit a form for each request for a substitute teacher to begin a school year. The deviation form must be submitted ***PRIOR*** to the start of the school year. A separate application is required for each class requesting a deviation.
- ii. Fill out the program information section of the application and ensure the program's primary administrator signs off at the bottom of the page.

b. Classroom Chart

- i. Complete the classroom demographic chart, recording the date of birth (DOB) and disability category of each student in the affected classroom.

c. Request Rationale

- i. The program's primary administrator should complete the "Request Rationale" page. Be sure to complete each section, as any omitted sections will nullify the application.

d. Substitute Teacher Classroom Assessment

- i. The substitute assigned to the affected classroom should complete this section. Be sure all categories are filled in, as any omitted sections will nullify the application.
- ii. The assigned substitute teacher should print, sign and date the application.

e. Electronic Submission of Forms

- i. Submit all completed forms to your assigned principal consultant via email.
- ii. The deviation form must be submitted ***PRIOR*** to the start of the school year. Forms submitted after the start of the school year may be denied.
- iii. Failure to submit a deviation request when using a substitute teacher to begin a school year could result in subsequent changes to a program's status and/or corrective action being issued.

Please contact your assigned principal consultant by email or at 217-782-5589 if you have questions.

2. Criteria Considered

Criteria considered in the review of Request for Approval for Use of a Substitute Teacher to Begin a School Year deviation applications include:

- a. Any unique circumstances or changes that have occurred within the school year that are beyond the control of the program.
- b. How long does the program anticipate that the unique circumstance will impact programming?
- c. What might a potential backup plan be if the request for deviation is denied?
- d. All scenarios will be evaluated based on the:
 - i. Individual program's circumstances as presented in the request.
 - ii. Length of time deviation is needed.
 - iii. Program's plan for compliance and the effect of the deviation on affected students' overall educational programming.

3. Important Reminders/Additional Information

- a. A substitute deviation request is intended to be used for programs that have been unable to fill licensed classroom teacher vacancies from the previous school year, or who have a licensed classroom teacher resign unexpectedly prior to the start of the school year. This request form **CANNOT** be used to open a new classroom with the intent to use a substitute teacher.
- b. A substitute deviation request is only needed if a program is seeking approval to begin a school year with a substitute teacher. If at any time during the school year a program needs to utilize a substitute teacher due to unforeseen circumstances, a deviation request is not needed. However, the program is subject to the Notification Requirements set forth in 23 IAC 401.20(b)(4)(A).
- c. If the substitute deviation request form is approved, it is valid for a time period no more than a program's first semester or four months. Deviation approval is not ongoing and has a definitive end date. If, despite a program's ongoing efforts to secure a licensed teacher, the vacancy remains after the approval period ends, another deviation is **NOT** needed. However, the program continues to be subject to the Notification Requirements set forth in 23 IAC 401.20(b)(4)(A).
- d. All programs MUST remain compliant with Notification Requirements as indicated in 23 IAC 401.20 for the entirety of the deviation/vacancy.

4. Citations to Regulations

23 IAC 401.240(b) Staffing Requirements

b) A substitute teacher holding a valid license/certificate endorsed for early childhood, elementary, secondary, special K-12, special preschool-age 21 or holding a substitute teaching license/certificate shall be employed to replace absent teachers. Only teachers holding a license/certificate or teaching approval in special education, as applicable to the students to be taught, shall be used to open new classrooms, begin a school year, or meet the staffing requirements set forth in this Section for purposes of approval of an application for eligibility.

23 IAC 401.20(b)(4)(A) Notification Requirements

b) A provider shall notify the State Superintendent in writing, so that the notification is reasonably calculated to be received at the State Board of Education's office at 100 North First Street, Springfield, Illinois 62777, within five business days after the following:

4) Any change in the number, type or duties of the professional or paraprofessional positions identified as part of the application for SBE approval of an educational program or the education component of a combination program, or in the licensure/certification status or credentials of any individual employed in such a position, if the change will affect the program's compliance with the requirements of this Part.

A) If any professional staff position subject to the notification requirements of this subsection (b)(4) remains vacant, the provider shall provide written notification to the State Superintendent and to the placing public school districts after 20 business days and again after 40 business days of its attempts to permanently fill those positions and of other efforts, including the use of substitutes, undertaken in order to provide necessary instruction and related services to the students enrolled.



100 North First Street
Springfield, Illinois 62777-0001

APPLICATION FOR DEVIATION

Substitute Teacher to Begin a School Year
(23 IAC 401.240(b))
Nonpublic Special Education Programs

SPECIAL EDUCATION DEPARTMENT

PART 1: PRIMARY INFORMATION

PROGRAM NAME AND PRIVATE FACILITY CODE	NAME OF PRIMARY SITE ADMINISTRATOR
ADDRESS (Include City, State, and ZIP Code)	CONTACT EMAIL
NAME OF CLASSROOM AND TEACHER REQUIRING THE DEVIATION	CONTACT TELEPHONE (Include area code)
PLANNED DEVIATION INITIATION DATE	PLANNED DEVIATION END DATE

Digital or Original Signature of
Primary Site Administrator

Title

Date

PART 2: CLASSROOM DEMOGRAPHIC INFORMATION

Complete the chart below for the classroom requesting the deviation.

☐ Preschool (ages 3-5 years) ☐ Elementary Level (K-8) ☐ Secondary Level (9-12+)

STUDENT #1	DATE OF BIRTH	DISABILITY
#1		
#2		
#3		
#4		
#5		
#6		
#7		
#8		
#9		
#10		

PART 3: REQUEST RATIONALE

Please provide the information that is requested below. Incomplete applications will not be approved.

1. Is the classroom named in the request a new classroom? ☐ Yes ☐ No
2. How many classrooms did your program have last year? How many classrooms will your program have this year? How many teachers did your program have last year? How many teachers will your program have this year?

3. Provide the name of the licensed special education teacher the proposed substitute will be taking over for. When did the licensed special education teacher resign/leave the program?

4. How long has this position been vacant? What efforts has the program engaged in to hire a certified special education teacher?

5. Describe the reason(s) for this deviation request (e.g., a teacher resigned prior to the school year, a continued vacancy from the previous year, etc.)

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

7. 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.

8. List the supports in place to assist the substitute teacher and other professional staff in the affected classroom.

9. Who will act as the case manager during the time of this proposed deviation?

PART 4: SUBSTITUTE TEACHER CLASSROOM ASSESSMENT

The substitute assigned to the affected classroom should provide the information that is requested below. Incomplete applications will not be approved.

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

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

3. If this class has a co-teacher or paraprofessional support, describe specifically the roles and expectations of each in supporting the substitute 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.

Print Name

***Digital or Original* Signature of
Substitute Teacher**

Date