

**SPECIFIC WAIVER REQUEST FOR RESOURCE SPECIALIST CASELOAD**  
**To be completed by the RESOURCE SPECIALIST (Teacher)**

Name: \_\_\_\_\_

Assigned at: \_\_\_\_\_

1. Is the information in Items 1 – 12 on the attached SW \_ RSC \_ Administrator form an accurate reflection of your current assignments, personal data, FTE, your caseload, number of periods taught and average number of students?

Yes                      No

If not, please state where you believe these facts or numbers differ:

2. Will all students served receive all of the services called for in their IEP's? Can you reasonably manage the excess caseload in relation to the programmatic condition you face, including, but not limited to, student age level, age span, and behavioral characteristics; number of curriculum levels taught at any one time or any given session, and intensity of student instructional needs. Please explain:

3. Can you reasonably manage the excess caseload in relation to your student contact time, and other assigned duties? Please explain:

4. *EC* Section 56362(c) states that no resource specialist shall have a caseload which exceeds 28 students, per *CCR*, Title 5, Section 3100. Regulations allow your agency to request a waiver of the *EC*, providing certain conditions are met, and that in no circumstance may your caseload be raised to above 32 students.

Indicate your position regarding this waiver request by a check mark in one box:

\_\_\_\_ AGREE – to the increase in my student caseload from 28 students to not more than 32 students.

\_\_\_\_ DISAGREE – to an increase in my student caseload over the 28 students. If disagreeing, provide rationale below:

5. Indicate a checkmark in the appropriate box:

\_\_\_\_\_ I did not have a student caseload of more than 28 during the last school year.

\_\_\_\_\_ I did have a student caseload of more than 28 during the last school year. If yes, please respond below:

(a) Did you have an approved waiver for this caseload? Yes \_\_\_ No \_\_\_

(b) Specify which months / weeks you were over caseload: From \_\_\_ to \_\_\_

(c) Other pertinent information: \_\_\_\_\_

\_\_\_\_\_ I have had a student caseload of **more than 28** for **more than two consecutive years**.

6. Instructional Aide time currently receiving: \_\_\_\_\_ hours (prior to increased caseload).

7. Any additional Aide time with this waiver? \_\_\_\_\_ total hours after increase.

\_\_\_\_ I hereby certify that the information provided on this application is true and correct (please initial).

Date: \_\_\_\_\_

Telephone number (and extension): \_\_\_\_\_