

For official use only.

Date Received:

Waiver Application No.:

SPECIAL EDUCATION MAXIMUM CLASS SIZE REQUEST FORM

Pursuant to KRS 157.360(5) and 701 KAR 5:170, Requestor, as described below, hereby submits this waiver request to the Kentucky Board of Education seeking waiver from compliance with special education class sizes and caseloads prescribed in 707 KAR 1:350 for the school and teacher as described herein.

The Requestor, as referenced throughout this document is:

Select only one of the following

- ☐ District Superintendent [Click or tap here to enter text.](#)
If this request is made by the superintendent, he/she shall sign the request form below.
- ☐ School Based Decision Making Council for the school referenced in this request form.
The council met on [Click or tap to enter a date.](#) and took action to approve this request for submission. If this request is made by the council, the school principal shall sign the request form below.

The Requestor seeks the following type of waiver:

Select all that apply

- ☐ Caseload
- ☐ Class Size

School District: Click or tap here to enter text.	District Number: Click or tap here to enter text.
Superintendent: Click or tap here to enter text.	Phone Number: Click or tap here to enter text.
Director of Special Education: Click or tap here to enter text.	Phone Number: Click or tap here to enter text.
School: Click or tap here to enter text.	
Principal: Click or tap here to enter text.	
Special Education Regional Technical Assistance Center: Click or tap here to enter text.	

Teacher: Click or tap here to enter text.	Total Caseload: Click or tap here to enter text.
Classroom Type: Click or tap here to enter text.	Special Education Code: Click or tap here to enter text.
School Level: Click or tap here to enter text.	School Grade Range: Click or tap here to enter text.

Has a waiver from special education class size and/or caseload requirements in 707 KAR 1:350 been utilized for the teacher described above at any time in the last three school years?

Select only one of the following

- ☐ NO.
- ☐ YES. If you select “yes” explain the circumstances leading to a repeated need for waiver from special education class size and/or grade range requirements in 707 KAR 1:350 for the teacher:

Click or tap here to enter text.

Provide a description of the circumstances and specific reasons that a waiver will: (a) improve the operation of the school listed herein, without hindering student academic achievement; or (b) improve student academic achievement at the school listed herein.

Click or tap here to enter text.

Is there a full-time paraeducator assigned to the teacher listed above for each class period?

Select only one of the following

- ☐ YES.
- ☐ NO. If you select “no” is there a paraeducator assigned to the special education teacher listed above when an overage occurs?

Select only one of the following

- ☐ YES.
- ☐ NO.

REQUIRED ATTACHMENTS. Requestor must attach the following documents to this request form. Check each below to indicate the Requestor has attached the required documents.

- ☐ Daily schedule of the teacher listed above, including class size and caseload.
- ☐ Plan for reducing the class size and/or caseload prior to the beginning of the next school year.

In submitting this waiver request, Requestor acknowledges and agrees to each of the following:

1. Requestor reviewed and understands the requirements and provisions of 701 KAR 5:170 as it relates to this waiver request.
2. In determining whether to grant this waiver request, in whole or in part, the Kentucky Board of Education will evaluate whether the request demonstrates that the waiver is more likely than not: (a) to improve the operation of the school listed herein, without hindering student

academic achievement; or (b) to improve student academic achievement at the school listed herein. Requestor recognizes that such evaluation and determination is within the discretion of the Kentucky Board of Education.

3. Requestor understands that if the Kentucky Board of Education at any time finds by a two-thirds (2/3) vote that a waiver granted pursuant to this request hindered school or program operations, endangered students, impeded student academic achievement, or supported financial malfeasance or criminal activity, then the waiver shall be rescinded. Requestor recognizes that such a determination is within the discretion of the Kentucky Board of Education.
4. Requestor recognizes that the existence of a waiver shall not negate the legal duties or professional responsibilities of a school district employee and agrees that it shall implement policies and procedures accordingly. Requestor recognizes and agrees that any waiver granted pursuant to this request shall not be implemented in a way that violates, diminishes, or adversely impacts the civil rights of any student.
5. Requestor represents and agrees that, if granted, the waiver requested herein will not impede any exceptional child from receiving a free appropriate public education in the least restrictive environment, as prescribed by his or her individual education program.
6. Requestor understands and agrees that any waiver granted pursuant to this request shall expire on June 30 of the third full school year following the date the request was approved by the Kentucky Board of Education, regardless of subsequent amendment, unless the Kentucky Board of Education renews the waiver prior to expiration. Requestor further understands and agrees that it shall track the expiration date of any waiver granted pursuant to this request and will immediately implement all statutory and regulatory requirements upon the expiration date of any waivers granted pursuant to this request. Requestor acknowledges that it is Requestor's responsibility to request any renewals pursuant to the requirements of 701 KAR 5:170. If the waiver sought herein is granted and utilized beyond the beginning of the school year following request, Requestor agrees to report to the Kentucky Department of Education on an annual basis the reasons the caseload and/or class size has not been reduced to comply with 707 KAR 1:350.
7. The information provided in this waiver request application and the attachments hereto are true and correct to the best of Requestor's knowledge. The representations made by Requestor in this waiver request application and the attachments hereto will be relied upon by the Kentucky Board of Education as material in its decision making. Upon learning that any information provided herein is inaccurate or incomplete, Requestor will take affirmative steps to correct such information.
8. Requestor understands that no waiver granted as part of this request shall imply, suggest, or otherwise indicate that any other statute or administrative regulation is implicitly waived and that Requestor will continue to comply with all statutes and administrative regulations not specifically waived by the Kentucky Board of Education in response to this request. Furthermore, Requestor understands that any waiver granted as part of this request shall apply

only to the teacher described in this request and shall not extend to any other teacher in the school or district, absent a specific request granted for other teachers.

Signature

Click or tap here to enter text.

Select only one of the following

☐ Superintendent

☐ School Principal

Click or tap to enter a date.

Date

Mail this completed form and all attachments to:

Kentucky Department of Education
ATTN: Waiver Request
300 Sower Blvd. 5th Floor
Frankfort, KY 40601