

SPECIFIC WAIVER REQUEST FOR RESOURCE SPECIALIST CASELOAD

SW-RSC (Rev. 10/30/07) <http://www.cde.ca.gov/re/lr/wr/>

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Send original plus one copy to:
 Waiver Office, California Department of Education
 1430 N Street, Suite 5602
 Sacramento, CA 95814

Faxed originals will not be accepted!

						CD CODE					
Local educational agency:				Contact name and recipient of approval/denial notice:				Contact person's e-mail address:			
Address: _____				City: _____				Zip _____			
Phone (and extension, if necessary): - x				Fax number: -							
Period of request: (month/day/year)				Date approved by district board or COE board, SELPA, or other public education agency as defined by EC Section 56500.							
From: _____				To: _____							

LEGAL CRITERIA

1. Authority for the waiver:
Education Code (EC) Section 56101, and California Code of Regulations (CCR), Title 5, Section 3100, resource specialist caseload waiver: "A school district, special education local plan area, county office of education or any other public agency providing special education or related services may request the State Board of Education to grant a waiver of the maximum resource specialist caseload, as set forth in EC Section 56362(c), only if the waiver is necessary or beneficial to either; (1) to the content and implementation of a pupil's individualized educational plan (IEP) and does not abrogate any right provided individuals with exceptional needs by specified federal law or; (2) to the agency's compliance with specified federal law."

2. *Education Code* Section to be waived: *EC 56362 (c): No resource specialist shall have a caseload that exceeds 28 students.*

Note: the waiver request may be up to but no more than 4 students above the statutory caseload (32 students maximum).

3. Requesting a caseload waiver for: _____ (number) of resource specialists.

Please use separate SW-RSC form for Resource Specialist (RS) teachers who agree with the waiver request, and those who disagree with the waiver request.

- | | |
|------------------------------|------------------------------|
| Resource specialist(s) name: | Assigned school or district: |
| 1. _____; | at _____ |
| 2. _____; | at _____ |
| 3. _____; | at _____ |
| 4. _____; | at _____ |
| 5. _____; | at _____ |
| 6. _____; | at _____ |

Please add list of additional teacher names and schools/district as needed.

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Per CCR, Title 5, Section 3100(d)(4) participation of the resource specialist teacher's bargaining unit is required in the waiver development.

Does (do) the resource specialist(s) belong to an employee bargaining unit(s)? No Yes

If yes, please complete required information below:

Date(s) the bargaining unit(s) participated in the waiver development:

Name of bargaining unit and/name of representative(s) consulted:

Telephone contact for bargaining representative:

The position(s) of the bargaining unit(s): Neutral Support Oppose *(Please provide comments)*

Comments (if appropriate):

Note: For each resource specialist attached page 3 of 4 SW-RSC waiver request to be completed by the Administrator and page 4 of 4 SW-RSC waiver request to be completed by the Resource Specialist.

Certification- I hereby certify that the information provided on this application is correct and complete. I also certify this waiver request will never result in the same resource specialist having a caseload in excess of the statutory maximum for more than two years and that this waiver request will result in the resource specialist(s) above having the assistance of an instructional aide at least 5 hours daily.

Signature of Superintendent or Designee: OR	Title:	Date:
Signature of SELPA Director:		Date:

Note: If this waiver request comes from a SELPA Director, a vote by the district of COE governing board is not necessary. Please put the date of SELPA approval in the approval box on the first page of this waiver. This will speed processing.

FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY

Staff <i>(Type or print)</i> :	Staff <i>(Signature)</i> :	Date:
Unit Manager <i>(Type or print)</i> :	Unit Manager <i>(Signature)</i> :	Date:
Division Director <i>(Type or print)</i> :	Division Director <i>(Signature)</i> :	Date:
Deputy <i>(Type or print)</i> :	Deputy <i>(Signature)</i> :	Date:

