California Department of Education
Revised 6-26-2014

SPECIFIC WAIVER REQUEST FOR RESOURCE SPECIALIST CASELOAD
To be completed by the ADMINISTRATOR

1. SELPA / District / COE Name: ____

2. Name of Resource Specialist*: Maria Aretakis

3. School / District Assignment: Traina School

4. Status: Permanent ____ Probation X Temporary ___

5. Number of students 30 (Caseload) proposed number of students 32

6. Full time Equivalent (FTE%): 1.0

7. Number of periods or hours taught by Resource Specialist: Periods 6 Hours 6.0

8. Average number of students per hour taught: 4

9. Indicate amount of Instructional Aide time: 7 (hours) to be provided to this resource specialist with this waiver.
Note: At least 5 hours of aide time is required when the caseload is over 28, per *CCR*, Title 5, Section 3100(d)(2).

10. Provide assurance that the waiver will not hinder the implementation of a student's individualized educational program (IEP) for all students involved with the waiver or compliance with specified federal law, per *CCR*, Title 5, Section 3100(d):

    Service levels for RSP service on all IEPs at Traina will be delivered.

11. Explain what extraordinary fiscal or program circumstances resulted in this request for excess caseload, per *CCR*, Title 5, Section 3100(d):

    As part of child find, students were assessed and made eligible for RSP service throughout the school year.

12. Indicate how your plan of action to resolve conditions by the time the waiver expires or is denied by the SBE, per *CCR*, Title 5, Section 3100(d)(1):
    8th grade students with RSP services will matriculate to the high school for the 17-18 school year.

Administrator/Designee Name and Title: Nancie Castro, Director of Human Resources

Telephone number (and extension): 209-836-3388

Date: 4-12-17

*Resource Specialist as defined in *EC* Section 56362.5

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

Name: Maria Aretakis
Assigned at: Traina School

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:

   Yes, all students will receive the services outlined in their IEPs.

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

   Yes, I will be able to manage my caseload and assigned duties.

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 rational below:

5. Indicate a check mark 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: 6.0 hours (prior to increased caseload).

7. Any additional Aide time with this waiver? 7.0 total hours after increase.

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

Date: 4-12-17

Telephone number (and extension): 209-839-2379 X1419