Staffing Profile

Service Provider Name

Type of Service

Speech		
OT		
PT		

FTE Allocation

Workload Calculation

A. Total IEP hours per week assigned to provider	
B. Multiplier (see FTE Guidance to select)	
C. Multiply **A x B**	=
D. **C** divided by <u>hours available for IEP services per week</u>	=

Any value exceeding 1.0 in box D may result in the waiver not being approved.

If supervising assistant(s), enter data below:

Special Factors

Number of hours worked per week	
Number of students served	
Number of Speech Primary students (*SLP only*)	
Number of weekly hours for specialty team assignments/additional duties	
Number of sites served (schools, work sites, daycare facilities, etc.)	
Number of hours/week spent traveling	
Average weekly mileage	
Number of students on an RSSD only	

Request for Approval

A Class Size/Caseload Waiver is requested for approval to EXCEED the maximum requirements outlined in NC Policies Governing Services for Children with Disabilities [NC 1508-1,2,3,4]

Principal/Supervisor Signature	Date
EC Director/Coordinator's Signature	Date
Superintendent/Lead Administrator's Signature	Date

THERAPY ASSISTANT DATA

Number of assistants supervised	
Number of students served	
Number of IEP hours per week	
Number of hours worked per week	
Number of sites served	

For DPI Use Only

		Approved
		Not Approved
Consultant Signature		
Date		