

SPECIAL EDUCATION VARIANCE REQUESTS

Special education programs may request approval through Special Education Quality Assurance for a variance from the Regulations of the Commissioner of Education in the following instances:

CONSULTANT TEACHER SERVICES

Consultant teacher caseload in excess of 20 students with disabilities (as per Section 200.6(d)(3) of the Regulations of the Commissioner of Education);

RESOURCE ROOM PROGRAMS

Resource room teacher instructional group in excess of five students with disabilities; and/or

Resource room teacher caseload in excess of 20 students with disabilities or 25 students with disabilities enrolled in grades seven through twelve or a multi-level middle school program operating on a period basis (as per section 200.6(f)(6) of the Regulations of the Commissioner of Education).

SPECIAL CLASSES - Refer to November 2004 Memorandum from Rebecca Cort on Special Class Size Variances.

Special class size in excess of fifteen, twelve, eight or six students with disabilities; and/or

The chronological age range in a special class for students with disabilities under the age of sixteen is greater than 36 months (as per Section 200.6(g)(6) of the Regulations of the Commissioner of Education).

If you would like to submit a request for a variance in these indicated areas, please forward the information requested to your Regional Associate.

For Special Education Variance Requests

In order to expedite the review and processing of your variance request, please complete:

- (1) The attached worksheet (duplicate as necessary); and
- (2) A narrative which includes:
 - student(s) name and date(s) of birth;
 - type of variance requested;
 - number of students in class;
 - age range of class;
 - disability classification within class;
 - class size/staffing ratio;
 - related services provided;
 - participation in regular education;
 - description of the class according to the four areas of learning rate and academic performance; social development; physical development; and management needs;
 - description of the student for whom variance is requested according to the four criteria;
 - alternative options available if the variance is not approved; and
 - plan of correction for the next school year.

A sample variance narrative is included as an example.

When completed, forward the variance request to your Special Education Quality Assurance Regional Associate.

SAMPLE - VARIANCE NARRATIVE

Student(s) Name(s) – DOB:

Bobby D. (mo/day/yr)

Type of Variance:

Age range – The student is the youngest in the class and the three year age limit is exceeded by three months.

Number of Students:

9

Age Range in Class:

3 years, 3 months
(youngest DOB mo/yr – oldest DOB mo/yr)

Description of the Student:

The student for whom the variance is being requested is one of the higher functioning students academically. He was in this program last year and made progress in his social/emotional growth. It is felt that he is still immature socially and emotionally and needs the extra adult support provided in this program for another year.

Other Available Options:

If the student is denied the variance, he would be placed out of the district in a BOCES program. We feel this would be a less desirable alternative because that would remove this student from his home school and those opportunities to be educated with his non-disabled peers.

Correction of the Problem for the Following School Year:

The oldest student in the class will be moving to the high school program placing the student within the three year age range.

The student will also be considered for placement in a less restrictive environment for the following school year if progress continues at the present rate.

VARIANCE REQUEST WORKSHEET

District/Agency: _____ Building: _____

Class Designation and Room #: _____ Teacher: _____

| Name or ID Numbers of Students | DOB | CSE Classification | Class Size Option | I.Q. Range or Score | Levels of Academic Achievement | Describe Social Skills and Development | Physical Development | Management & Behavioral Needs |
|--------------------------------|-----|--------------------|-------------------|---------------------|--------------------------------|--|----------------------|-------------------------------|
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Rationale for Grouping:

NEW YORK STATE EDUCATION DEPARTMENT

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SPECIAL EDUCATION CLASS SIZE VARIANCE NOTIFICATION FORM
(MIDDLE AND SECONDARY CLASSES ONLY)

Name of School: _____

