

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

1. SELPA / District / COE Name: San Mateo County/Pacifica School District
2. Name of Resource Specialist*: Michael Bobrowicz
3. School / District Assignment: Vallemar/Pacifica
4. Status: Permanent XX Probation _____ Temporary _____
5. Number of students 28 (Caseload) proposed number of students 32
6. Full time Equivalent (FTE%): 1.0
7. Number of periods or hours taught by Resource Specialist: Periods _____ Hours 6.5
8. Average number of students per hour taught: 6-10 per hour
9. Indicate amount of Instructional Aide time: 6 (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):

Allocation of staff and resources are sufficient to meet the IEP needs

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

Unexpected caseload exceeding 28 at this time of 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):

If RSP caseload exceeds 28 by the time waiver expires, there will be an increase of RSP support allocated to this specific school site.

Administrator/Designee Name and Title: Ray Avila, Ed.D., Associate Superintendent

Telephone number (and extension): 650-738-6627

Date: 2/8/2016

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

Name: Michael Bobrowicz
Assigned at: Vallemar 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:

Delivery of services, case management, etc. with expanded caseload will be accomplished by realigned scheduling, one student increases in group size (e.g. from three to four students in a group), adjustments to instructional strategies. Curriculum levels taught during any one session are not increasing, nor is age span.

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

Yes. Other assigned duties decreased to allow sufficient student contact time. Additions to caseload fit into existing groups based on age, academic situation, IEP goals so there is no incremental preparation time involved. Classroom has sufficient materials/supplies (books, technology access, etc.) to accommodate caseload increase.

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 **XX** No _____

(b) Specify which months / weeks you were over caseload: From 3/27/2015 to 6/17/2015

(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: 5 hours (prior to increased caseload).

7. Any additional Aide time with this waiver? 3 total hours after increase.

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

Date: 2/8/2016

MB

Telephone number (and extension): 650-738-6655