

Calaveras Unified School District Class Size Overage Form

DATE:
TO:
CERTIFICATED UNIT MEMBER:
SITE:
GRADE LEVEL(S):
SUBJECTS(S)
SPECIAL ED PROGRAM (if applicable):

This is to inform you that my current class size/student contacts/caseload exceeds limits in CUSD Board Policy or SELPA Guidelines. Initiate the Committee Procedure for resolution as per ARTICLE VII (including Appendix A-13) in the CUEA 2014-2015 Agreement.

Certificated Unit Member

CUEA Site Representative

CUEA Grievance Representative (optional)

CLASS SIZE INFORMATION:

GRADE	BOARD POLICY Class Size Limit	My Current Class Size (s)	As of the following date(s)

SPECIAL EDUCATION INFORMATION:

Description	Suggested Size	My Current Class Size(s)	As of the following date(s)

Suggested Resolution:
