



**SPECIAL EDUCATION TEACHER CASELOAD RELIEF
REVIEW FORM**

(updated 11/2023)

NAME:	
WORK SITE:	
ASSIGNMENT:	
DATE SUBMITTED:	
submit electronically (as an attachment to an email) to special education administrator and direct supervisor	
STATEMENT OF NEED:	

REMEDY FOR CASELOAD RELIEF: LEVEL 1 (per table 3.06c below)

- A. Substitute release time or equivalent pay of substitute release time (1 day)
- B. Stipend (\$250)

REMEDY FOR CASELOAD RELIEF: LEVEL 2 (per table 3.06c below)

- A. Substitute release time or equivalent pay of substitute release time (2 days)
- B. Stipend (\$500)
- C. Additional paraeducator staffing (6.0 Hours/Day)

Date of meeting with immediate supervisor and special education administrator:	
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Mutually agreed upon remedy:	
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Table 3.06c

	Release Time	<u>Stipend</u>	Paraprofessional Support
Relief Level 1	1 Day/Month	<u>\$250 per month</u>	<u>3.0 Hours/Day*</u>
Relief Level 2	2 Days/Month	<u>\$500 per month</u>	6.0 Hours/Day