



Special Services Johnson County and Surrounding Schools

JUSTIFICATION FOR REQUESTING ADDITIONAL SPECIAL EDUCATION STAFF Form provided by SSJCSS to be used by Member Schools

Person completing form: _____ Building: _____ Date: _____

Additional staff being requested: _____

Number of students for whom you are Teacher of Record: _____

Number of additional students for whom you are only Teacher of Service: _____

Number and Type of other personnel that assist in your classroom or program: _____

Please complete this form and submit to your building principal for review and recommendation to District Level Special Education Administrator. **Also submit a completed Workload Data Collection Form for you and each of your assistants and a detailed Student Needs Form.**

- 1) Explain why you believe additional staff is necessary to meet the IEPs of the students you serve (be sure to include any limitations of current staff)?
- 2) How are you grouping students in both general and special education settings to make the best use of all special education staff?
- 3) What other building resources were considered to deal with the need for more assistance?
- 4) How do classroom, specials and other schedules in the building affect the delivery of services?
- 5) Who is/are responsible for making accommodations and/or modifications for your students who are in general education?
- 6) Identify any student specific conditions which may require more intensive supports than the ones currently provided.
- 7) Are you providing additional services beyond a student's IEP requirements? If yes, please explain.
- 8) If students are currently being evaluated please ask the school psych to complete the chart on the back of this form.

Signature of recommending Principal: _____ Date: _____

Please submit this completed form to the District Special Education Administrator.



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To be completed by school psychologist if students are in the process of being evaluated for special education services and may become the responsibility of the teacher requesting additional staff.

Student initials	Grade	Suspected Disability	Projected Placement	Projected TOR/TOS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

School Psych Signature _____ Date _____

District Administrator Action:

Reviewed request with SSJCSS Administration

Will be recommending additional staff as follows to the Superintendent:

Request for additional staff denied for the following reasons (Lack of funding cannot be used as a valid reason):

Other (please explain):

Signature of District Administrator: _____

Date submitted to Superintendent: _____

Date Created: September 15, 2009



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JUSTIFICATION FOR ADDITIONAL STAFF FOR SPECIAL EDUCATION PROGRAM Student Needs Form

Teacher _____ School _____ Level: _____

Total # of Students _____ # Students in Gen Ed. _____ # Autistic _____ # MD _____ # Behavior requires ongoing _____

Intervention/supervision _____ # Bathroom Needs _____ # Catheterized _____ # Special Feeding _____

Positioning _____ Describe 1:1 support needed: _____

	Name of Student	Disability	Participates in Gen Ed? Y /N	# minutes/period in Gen Ed when individual assistance is required	Bathrooming, Feeding / # of minutes needing individual assistance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Use two lines if necessary to record each student's information.



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Justification for Additional Staff

Workload Data Collection Form (by Day for 1- 2 weeks)

Teacher making the request and all Sp. Ed. Assistants in the building should complete this form.

Teacher/Para _____ School _____

Level/grades: _____

The following is the Teacher's/Para's Schedule for (date) _____

	Time frame (ex: 8:00 – 8:30 am)	Students for whom you provided direct instruction or support	Students for whom you provided indirect Instruction (Support in Gen ed/ Accommodations etc.)	Students you evaluated	Students for whom you carried out other activities (specify activity for each student e.g.case conf/consultation/parent communication/training)
1					
2					
3					
4					
6					
7					
8					