# Mount Vernon School District
## Request for Class Size Support
## Student Support Services Fund

Employee Name: _____     Date: _____

School/Department: _____     Semester/Trimester: _____

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This side is for the Student Support Services Fund (OT/PT/SLP, Counselor, Social Worker, Nurse, SLC/ILC/EBD or Resource Room Teacher, School Psychologist). All other certificated staff, please use other side.

**Indicate your job description and current caseload**

| **Job Description (Check one):** All caseloads are pro-rated per FTE. (e.g., the trigger for a 0.5 FTE OT would be 23 students) | **Current Caseload:** |
|---|---|
| ☐ **SLC/ILC/EBD Teacher.** Trigger: 8 students | ___ Total students served |
| ☐ **Elementary Resource Room** Trigger: 20 total students OR 10 students in a single period | **- OR -** |
| ☐ **Secondary Resource Room** Trigger: 20 total students OR 14 students in a single period | ___ Total evaluations performed (psychologists only) |
| ☐ **School Psychologist** Trigger: 750 total students OR 75 evaluations | **- OR -** |
| ☐ **OT/PT/SLP** Trigger: 45 students, reduced to 40 if serving students in ILC/SLC programs OR providing multilingual services to dual language program | Students served per class period (resource room teachers only) |
| ☐ **Counselor** Trigger: 350 total students | ___ Students in period ___ <br> ___ Students in period ___ <br> ___ Students in period ___ <br> ___ Students in period ___ <br> ___ Students in period ___ |
| ☐ **Social Worker** Trigger: 750 total students | |
| ☐ **Nurse** Trigger: 1000 total students | |

**Remedy (only one option):**
$30 per student day, prorated per FTE (e.g., a 0.5 FTE OT is eligible for $15 per student day)

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Please attach evidence of caseload and submit to your supervising administrator.
File monthly time sheets for reimbursement after the last day of each month.

_____  _____    _____  _____
Employee Signature              Date                        Supervisor Signature              Date

**Mount Vernon School District**
**Request for Class Size Support**
**General Overload Fund**

Employee Name: _____ Date: _____

School/Department: _____ Semester/Trimester: ____

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This side is for the General Overlad Fund (Classroom teachers, Music/PE specialists, and EL teachers). Special services staff, please use other side.

**Indicate your job description and current caseload**

| **Job Description (Check one):** | **Current Caseload:** |
|---|---|
| ☐ **K–3 Teacher**<br>Trigger: 23 students (double at 26)<br>☐ **4th Grade Teacher**<br>Trigger: 28 students (double at 31)<br>☐ **5–6 Teacher**<br>Trigger: 30 students (double at 33)<br>☐ **7–8 Teacher**<br>Trigger: 31 students (double at 34)<br>☐ **9–12 Teacher**<br>Trigger: 33 students (double at 36)<br>☐ **9–12 PE Teacher**<br>Trigger: 36 students (no double)<br>☐ **K–12 EL Specialist**<br>Trigger: 100 students served (double at 130) | Students served per class period (Grades 6–12)<br><br>___ Students in period ___<br>___ Students in period ___<br>___ Students in period ___<br>___ Students in period ___<br>___ Students in period ___<br><br>**- OR -**<br><br>___ Total students served (K–5 teacher or EL Specialist) |
| **Remedy (choose one option):**<br><br>☐ **1 hour aid time**<br>☐ **One day of release time every 10 school days**<br>☐ **Another option, mutually agreed upon with supervisor**<br>Option:<br><br>_____<br>_____<br>_____ | ☐ **$167 for instructional supplies or materials per class, per month**<br>☐ **Additional pay ($30 per student day for elementary, $10 per instructional hour for secondary; doubled if "double trigger" reached)** |

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Please attach evidence of caseload and submit to your supervising administrator.
File monthly time sheets for reimbursement after the last day of each month.

_____  _____  _____  _____
Employee Signature    Date              Supervisor Signature    Date