

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

Employee Name: _____
School/Department: _____

Date: _____
Semester/Trimester: _____

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

<p>Job Description (Check one):</p> <p>SLC/ILC/EBD Teacher Threshold: 8 students (double at 9)</p> <p>Elementary Resource Room Threshold: 20 total students OR 10 students in a single period (double at 22 OR 11 per period)</p> <p>Secondary Resource Room Threshold: 20 total students OR 14 students in a single period (double at 22 OR 15 per period)</p> <p>School Psychologist Threshold: 750 total students OR 7 complete evaluations/month (double at 825 OR 8 evals/month)</p> <p>OT/SLP Threshold: 45 students, reduced to 40 if serving students in ILC/SLC programs OR providing multilingual services to dual language programs. (double at 49 OR 44 if serving ILC/SLC)</p> <p>Physical Therapist Threshold: 8 buildings (double at 9)</p> <p>Counselor Threshold: 350 total students (double at 385)</p> <p>Social Worker Threshold: 750 total students (double at 825)</p> <p>Nurse. Threshold: 1000 total students (double at 1100)</p> <p>*Itinerant staff with the exception of PT/Psychologist lower threshold by 4 for each building <i>above 2</i>.</p>	<p>Current Caseload:</p> <p>___ Total students served</p> <p>- OR -</p> <p>___ Total evaluations performed (psychologists only)</p> <p>- OR -</p> <p>Students served per class period (resource room teachers only)</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p>
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Remedy (only one option):
\$30 per student day (prorated per FTE)
\$60 per student day for double threshold (10% over initial threshold)

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: _____
School/Department: _____

Date: _____
Semester/Trimester: _____

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

Indicate your job description and current caseload

<p>Job Description (Check one):</p> <p>K-3 Teacher Threshold: 23 students (double at 26)</p> <p>4-5 Grade Teacher Threshold: 25 students (double at 28)</p> <p>6-8 Teacher Threshold: 30 students (double at 33)</p> <p>9-12 Teacher Threshold: 33 students (double at 36)</p> <p>9-12 PE Teacher Threshold: 36 students (no double)</p> <p>K-12 EL Specialist Threshold: 100 students served (double at 130)</p>	<p>Current Caseload: Students served per class period (resource room teachers only)</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>___ Students in period ___</p> <p>- OR -</p> <p>___ Total students served</p>
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<p>Remedy (choose one option):</p> <p>1 hour aid time One day of release time every 10 school days Another option, mutually agreed upon with supervisor Option: _____ _____ _____</p>	<p>\$167 for instructional supplies or materials per class, per month Additional pay (\$30 per student day for elementary, \$9 per class for Middle School, \$14 per class for High School; doubled if "double threshold" reached)</p>
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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