

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

Employee Name: _____
School/Department: _____

Date: _____
Semester: _____

This side is for the Student Support Services Fund (OT/PT/SLP, SLC/ILC/EBD or Resource Room Teacher, School Psychologist). Please attach this form to your caseload roster and submit to administrators. All other certificated staff, please use other side.

Indicate your job description and current caseload

Job Description (Check one):

- ☐ **SLC/ILC/EBD Teacher**
☐ Threshold: 8 students (double at 9)
- ☐ **Elementary Resource Room**
☐ Threshold: 20 total students OR 10 students in a single period (double at 22 OR 11 per period)
- ☐ **Secondary Resource Room**
☐ Threshold: 20 total students OR 14 students in a single period (double at 22 OR 15 per period)
- ☐ **School Psychologist**
☐ Threshold: 750 total students OR 7 complete evaluations/month (double at 825 OR 8 evals/month)
- 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)
- ☐ **Physical Therapist**
☐ Threshold: 8 buildings (double at 9)

*Itinerant staff with the exception of PT/Psychologist lower threshold by 4 for each building *above* 2.

Current Caseload:

___ Total students served

- OR -

___ Total evaluations performed (psychologists only)

- OR -

Students served per class period (resource room teachers only)

___ Students in period _____

___ Students in period _____

___ Students in period _____

___ Students in period _____

___ Students in period _____

___ Students in period _____

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: _____

This side is for the General Overload Fund (Classroom teachers, Music/PE specialists, and EL teachers). Please attach your rosters to this form and submit to administrators. Special services staff, please use other side.

Indicate your job description and current caseload

Job Description (Check one):

- ☐ **TTK Teacher**
Threshold: 16 students (double at 19)
- ☐ **K-3 Teacher**
Threshold: 23 students (double at 26)
- ☐ **4-5 Grade Teacher**
Threshold: 25 students (double at 28)
- ☐ **6-8 Teacher**
Threshold: 30 students (double at 33)
- ☐ **9-12 Teacher**
Threshold: 33 students (double at 36)
- ☐ **9-12 PE Teacher**
Threshold: 36 students (no double)
- ☐ **K-12 EL Specialist**
Threshold: 100 students served (double at 130)
- ☐ **Counselor**
 - ☐ Threshold: 350 total students (double at 385)
- ☐ **Social Worker**
 - ☐ Threshold: 750 total students (double at 825)
- ☐ **Nurse.**
 - ☐ Threshold: 1000 total students (double at 1100)

Current Caseload:

Students served per class period (secondary or elementary specialist)

___ Students in period _____
 ___ Students in period _____
 ___ Students in period _____
 ___ Students in period _____
 ___ Students in period _____

- OR -

___ Total students served

Remedy (choose one option):

- ☐ **1 hour aid time**
- ☐ **One day of release time every 10 school days**
- ☐ **Another option, mutually agreed upon with supervisor**
 - ☐ Option: _____

- ☐ **\$167 for instructional supplies or materials per class, per month**
- ☐ **Additional pay (\$30 per student day for elementary classroom teachers, \$10 per hour for elementary specialists, \$9 per class for Secondary, \$9 per class for High School; doubled if "double threshold" reached)**

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

Revised 9/2025