



## ILLINOIS STATE BOARD OF EDUCATION APPLICATION FOR DEVIATION APPROVAL INSTRUCTIONS

### **Superintendent Authorization of Application (page 1)**

- Complete all information on page 1.
- A separate authorization must be completed for each individual class or section for which an application for deviation is being submitted.

### **70/30 Class Composition Application**

#### *Rationale (page 2)*

- Complete all information for each individual class or section for which an application for deviation is being submitted.

#### *General Education Teacher Assessment Overview (page 3)*

- Complete all information; a separate page should be submitted for each class or section if a teacher has more than one class or section for which an application for deviation is being submitted.

#### *Special Education Co-teacher Assessment Overview (page 4)*

- Only submitted if a co-teacher is assigned to the class or section
- Complete all information; a separate page should be submitted for each class or section if a teacher has more than one class or section for which an application for deviation is being submitted.

### **Submission of Application**

- Applications must be submitted prior to implementation of a classroom out of compliance with rule 226.730. Approvals will not be granted for days of implementation prior to submission.
- Only those pages applicable to the application should be submitted; an application cannot be considered until all applicable pages have been received by ISBE.
- A teacher(s) may provide the assessment form to the district for submission, or may choose to submit directly to ISBE.

#### *Electronic Submission*

- Forms must be printed, signed and scanned for submission to include the original signature on all applicable pages.
- E-mail forms to [DEV@isbe.net](mailto:DEV@isbe.net)

#### *US Mail*

Illinois State Board of Education  
Special Education Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001

**ILLINOIS STATE BOARD OF EDUCATION**  
**Special Education Program Services**  
**100 North First Street, N-253**  
**Springfield, Illinois 62777-0001**

**APPLICATION FOR DEVIATION APPROVAL**

**SUPERINTENDENT AUTHORIZATION**  
**70/30 CLASS COMPOSITION DEVIATION APPLICATION**

<b>DEMOGRAPHIC INFORMATION</b>	
DISTRICT NAME AND NUMBER	NAME OF CONTACT FOR APPLICATION
NAME OF SUPERINTENDENT	CONTACT ADDRESS (if different from district)
ADDRESS (Street, City, State, Zip Code)	CONTACT TITLE
NAME OF BUILDING/ATTENDANCE CENTER	CONTACT E-MAIL
NAME OF BUILDING PRINCIPAL	CONTACT TELEPHONE
NAME OF CLASSROOM TEACHER	GRADE/SUBJECT OF CLASS

\_\_\_\_\_  
*Print/Type Name of Superintendent or Designee*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Original Signature*

\_\_\_\_\_  
*Date*

**ILLINOIS STATE BOARD OF EDUCATION**

**70/30 CLASS COMPOSITION DEVIATION APPLICATION RATIONALE**

TEACHER	GRADE/SUBJECT	TOTAL # IEPS (MINUS S/L ONLY)	TOTAL # WITHOUT IEPS (PLUS S/L ONLY)	TOTAL ENROLLMENT	PERCENTAGE WITH IEPS
CO-TEACHER	CO-TEACHER NAME	DATE ON WHICH DEVIATION INITIATES		DATE ON WHICH DEVIATION WILL END	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
DISTRICT NAME AND NUMBER			SCHOOL/ATTENDANCE CENTER NAME		

**Complete all information for each individual class or section for which an application for deviation is being submitted.**

Describe how the placement of students in a general education setting based on the IEP team's decision regarding FAPE in the LRE resulted in a classroom out of compliance with 23 IAC 226.730.

Describe options that were considered by the district to remain in compliance with 23 IAC 226.730 and why the district believes being granted a deviation from this rule will not negatively impact the students placed in this classroom versus a classroom in compliance with rule.

Describe how the district has provided supports for the classroom teacher to enable him or her to meet the specific needs of the students with disabilities as they arise from each student's disability.

If this classroom has a co-teacher or para-professional support, describe specifically the roles and expectations of each in supporting the classroom teacher and students with disabilities in the class.

ILLINOIS STATE BOARD OF EDUCATION

70/30 CLASS COMPOSITION DEVIATION APPLICATION  
GENERAL EDUCATION TEACHER ASSESSMENT OVERVIEW

TEACHER	GRADE/SUBJECT	TOTAL # IEPS (MINUS S/L ONLY)	TOTAL # WITHOUT IEPS (PLUS S/L ONLY)	TOTAL ENROLLMENT	PERCENTAGE WITH IEPS
DISTRICT NAME AND NUMBER			SCHOOL/ATTENDANCE CENTER NAME		

Complete all information; a separate page should be submitted for each class or section if teaching more than one class or section for which an application for deviation is being submitted. A teacher may provide this form to the district for submission, or may choose to submit directly to ISBE via email ([DEV@isbe.net](mailto:DEV@isbe.net)) or U.S. mail (Illinois State Board of Education, Special Education Services, 100 North First Street, N-253, Springfield, IL 62777). The form must include an original signature.

Describe any changes in delivering instruction that will be necessary to meet the needs of additional students with disabilities in this classroom.

Describe how the district has provided you support to meet the specific needs of the students with disabilities. What additional supports, if any, have you requested to support the students in this classroom; how did the district respond?

Describe how you collaborate with, and are provided support by special educators to serve students in this classroom. If this classroom has a co-teacher or classroom para-professional, describe specifically your and their roles and expectations regarding supporting students with disabilities in the class.

Are space, materials and supports adequate to safely serve all students in the classroom? If no, explain.

Original Signature

Date

**ILLINOIS STATE BOARD OF EDUCATION**

**70/30 CLASS COMPOSITION DEVIATION APPLICATION  
SPECIAL EDUCATION CO-TEACHER ASSESSMENT OVERVIEW**

TEACHER	GRADE/SUBJECT	TOTAL # IEPS (MINUS S/L ONLY)	TOTAL # WITHOUT IEPS (PLUS S/L ONLY)	TOTAL ENROLLMENT	PERCENTAGE WITH IEPS
<b>DISTRICT NAME AND NUMBER</b>			<b>SCHOOL/ATTENDANCE CENTER NAME</b>		

Complete all information; a separate page should be submitted for each class or section if teaching more than one class or section for which an application for deviation is being submitted. A teacher may provide this form to the district for submission, or may choose to submit directly to ISBE via email ([DEV@isbe.net](mailto:DEV@isbe.net)) or U.S. mail (Illinois State Board of Education, Special Education Services, 100 North First Street, N-253, Springfield, IL 62777). The form must include an original signature.

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Describe any changes in delivering instruction that will be necessary to meet the needs of additional students with disabilities in this classroom.

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Describe how the district has provided you support to meet the specific needs of the students with disabilities. What additional supports, if any, have you requested to support the students in this classroom; how did the district respond?

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Describe how you collaborate with, and are provided support by special educators to serve students in this classroom. If this classroom has a co-teacher or classroom para-professional, describe specifically your and their roles and expectations regarding supporting students with disabilities in the class.

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Are space, materials and supports adequate to safely serve all students in the classroom? If no, explain.

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*Original Signature*

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*Date*