

SAN MATEO-FOSTER CITY SCHOOL DISTRICT

**STAFFING RATIO OPTION REQUEST FORM – SPECIAL EDUCATION**

\_\_\_\_\_ grade class reached \_\_\_\_\_ students on \_\_\_\_\_, 2\_\_\_\_\_  
Name of Teacher                      Level                                      Number                                      Date

Site

We are requesting the following option for additional support:

**SELECT ONE**

- \_\_\_RSP            For K-8 classes, an additional hour of aide time or classes of 29-32 or a stipend of \$165 per month for each additional student over 28 up to 32 and up to \$495 per month.
- \_\_\_SDC            For Pre-K-5 classes, an additional hour of aide time for classes of 13 or more or a stipend of \$165 per month for each additional student up to \$495 per month.
- \_\_\_SDC            For 6-8 classes, an additional hour of aide time for classes of 16 or more or a stipend of \$165 per month for each additional student up to 18 or \$495 per month.
- \_\_\_SPEECH       5 years old and above – a stipend of \$165 for each student over 55 up to 58 and up to \$495 per month.
- \_\_\_SPEECH       3 years old to 4 years old – a stipend of \$165 for each student over 40 up to 48 and up to \$495 per month.

**Funding decreases when student leaves program.**

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Assistant Superintendent

SPED Department approval

**SEND COMPLETED FORM TO HUMAN RESOURCES FOR APPROVAL & DISTRIBUTION**

cc: Principal

Office Use Only- HR TO PAYROLL:

Date: \_\_\_\_\_

Pay Employee: \_\_\_\_\_

Employee Name/EIN: \_\_\_\_\_