



Interest-Based Student Support Services Caseload/Workload Configuration Form

Name (Unit Member): _____

Date: _____

Supervisor / Site Administrator: _____

Primary Work Site/Site of Concern: _____

Your (Unit Member) position:

☐ Special Day Class Teacher
(ESN or M/M)

☐ School Psychologist
☐ Speech and Language
Pathologist

☐ Credentialed School Nurse
☐ Student Services TOSA
☐ School Counselor

☐ Resource Specialist Teacher

Dates of prior communications with site/student support staff administrator(s) - attach any documentation: _____

Please include the following information (if relevant to concerns)

Current Caseload #: _____

Pending Assessments #: _____

Triennial Assessments #: _____

State your specific concerns - list all that apply (paperwork workload, student behaviors, parent needs, student workload, staffing, training, support, etc.):

- _____
- _____
- _____
- _____
- _____

List Interventions/Strategies used, including approximate dates (list below or attach):

- _____
- _____
- _____
- _____
- _____

Please list your interests to address concerns:

- _____
- _____
- _____
- _____
- _____

(with optional WTA representation)

Any option shall be considered regardless of the cost component.

[illegible]

Date of follow up meeting, if necessary, between teacher and administrator: _____

**Record notes, meetings, dates, and action steps here:*

[illegible]