

**ILLINOIS STATE BOARD OF  
EDUCATION  
SPECIAL EDUCATION AND  
SUPPORT SERVICES**

**70/30 DEVIATION  
FORMS AND INSTRUCTIONS**

*September 2012*

**ILLINOIS STATE BOARD OF EDUCATION  
SPECIAL EDUCATION AND SUPPORT SERVICES DIVISION**

**REQUEST FOR 70/30 DEVIATION INSTRUCTIONS  
2012-2013 School Year**

**I. Submission of Forms**

- All pages of this form can be completed on-line.
- Prior to completing the form, you will need the most current version of Adobe Reader 9.3. This will enable you to save the document to your hard drive for later access.
- Documentation Submission
  - ✓ Failure to follow instructions may result in a delay in the review process.
  - ✓ Requests will not be reviewed until all required paperwork and information are submitted.
  - ✓ If submitting multiple requests, each request must be individually collated.
  - ✓ The last date on which deviation requests can be submitted is 30 days prior to the last day of student attendance.
- Electronic Submission
  - ✓ If the district has Adobe Acrobat, affix your electronic signature to the completed form and e-mail to [7030DEV@isbe.net](mailto:7030DEV@isbe.net).
  - ✓ Documentation sent electronically need not be also sent via U.S. mail.
- U.S. Mail Submission
  - ✓ Print the completed form, sign, and mail to: Illinois State Board of Education, Special Education Support and Services Division, 100 North First Street N-253, Springfield, IL 62777-0001.
- **Faxed and hand written forms will not be accepted.** All pages of the form, including the building administrator and teacher post evaluations must be typed.

**II. Form Completion**

- a. Request for Approval of 70/30 Deviation (ISBE 34-38A, pages 1A and 2A)

Submission of these pages is required for all requests.

- Rationale Section:
  1. Do not type beyond allotted space provided. If necessary, attach additional pages.
  2. Answer all questions/areas.

b. Classroom Enrollments for 2012-2013 (ISBE 34-38A, page 3A)

- Submission of this page is required in all cases.
- If there is more than one section of the class or classroom in the building (e.g. more than one section of second grade, or more than one section of 9<sup>th</sup> grade Language Arts), information on all sections must be included on this page - even if a deviation is not being sought for all sections.
- Identify the teacher, grade/subject taught, number of students with disabilities in that class period, number of students without disabilities in that class period, the total enrollment, and the percentage of students with disabilities for that class period.
- Students with disabilities:
  1. Number of “resource” students refers to students with disabilities who receive all instruction in the general education classroom with the exception of one period provided for resource assistance per day.
  2. Number of “other” students refers to all other students with disabilities in that class period (excluding students with disabilities who are speech/language (S/L) only).
- Total number of “SWD” is the total number of all students with disabilities minus any students with disabilities who are S/L only.
- Number of students without disabilities includes all students without IEPs plus any students with disabilities who are S/L only.
- Number of S/L only students column is for data purposes only.

*With the passage of Public Act 097-0284, students with individualized education programs shall exclude students receiving only speech services outside of the general education classroom, provided that the instruction the students receive in the general education classroom does not require modification.*

c. Specific Classroom Information (ISBE 34-38A, page 4A)

- Complete all information regarding the specific classroom for which the deviation is requested.

- The special education teacher information is necessary only if the class is a co-teaching situation.
- In order to verify certification, either the IEIN or a copy of the teacher's certificate must be submitted. In the event a paraprofessional is utilized, the paraprofessional IEIN or a copy of the certificate will also be submitted.
- Individual student information is required only for each student with an IEP in the classroom for which the deviation is sought.
- Identify the name of each student with an IEP for that class period (excluding S/L students), the educational environment, the academic subjects in which the student has goals/objectives, and the supports/accommodations provided to the student in the classroom.
- "Educational Environment" refers to the percentage of the bell-to-bell minutes that the child is in the general education setting ( $\geq 80\%$ =EE code 01, 79-40%=EE code 02,  $< 40\%$ =EE code 03).
- Preschool Programs**  
The following information does not need to be submitted for a deviation being sought by a preschool program:
  - ✓ Educational Environment
  - ✓ Academic subjects for which student has goals

d. General Education Teacher Assessment Overview (ISBE 34-38B)

- This form must be completed by the general education teacher of the classroom for which the deviation is being sought.
- All questions/areas must be completed.
- For confidentiality purposes this completed page can be submitted directly to the Illinois State Board of Education via e-mail or U.S. mail.

e. Special Education Teacher Assessment Overview (ISBE 34-38C)

- Submission of this page is required only when the deviation being sought is for a co-taught classroom, and is to be completed by the special education teacher of that classroom.
- All questions/areas must be completed.
- For confidentiality purposes this completed page can be submitted directly to the Illinois State Board of Education via e-mail or U.S. mail.

f. Post Evaluation for Building Level Administrator (ISBE 34-38D)

- This page must be completed at the end of the school year by the building administrator and submitted to ISBE via e-mail or U.S. mail by June 28, 2013.

g. Post Evaluation for Classroom Teacher (ISBE 34-38E)

- This page must be completed at the end of the school year by the general education and special education teachers involved in the deviation request and submitted to ISBE via e-mail or U.S. mail by June 28, 2013.

### **III. Review Criteria**

In addition to a review of information requested on ISBE 34-38A pages 1A-4A, ISBE 34-38B, and ISBE 34-38C, each request will also be reviewed as follows:

- The reviewer will verify that the general education teacher and the special education teacher (if applicable) of the affected classroom(s) are properly certified. Lack of proper certification will result in an immediate denial of the deviation request.
- In situations where there is more than one section of the classroom/class, the reviewer will verify that special education students are distributed among all sections.
- Teacher evaluations will be reviewed specifically for the amount of involvement in the placement decision, support afforded, collaboration between general education and special education personnel, safety concerns, and ability to provide a free appropriate public education (FAPE).
- Any district monitoring reports, complaints, and due process hearings related to 70/30 will be reviewed.
- In the event of discrepancies between information provided by the district and information contained in the teacher assessments, further clarification will be obtained from the district.

### **IV. Approval of Deviation Request**

- The district contact person will be informed of the deviation request decision via e-mail, followed by a letter.
- Deviations are granted from the date of ISBE approval until the end of the school year.

- Once a deviation request has been granted, a change in that classroom setting which results in an increase in the percentage of special education students beyond what has been approved requires further consideration from this agency.

## **V. Denial of Deviation Request**

- The district contact person will be informed of the deviation request decision via e-mail, followed by a letter.
- In the event a deviation request is denied, the district will be required to submit a written explanation of how FAPE is being provided.
- Failure to respond within two weeks to a request for clarification or missing information will result in a denial of the deviation request.

Should you have further questions regarding the deviation process, please contact Jason Pals at [jpals@isbe.net](mailto:jpals@isbe.net) or call 217/782-5589.

**INSTRUCTIONS:** Complete and submit this form to the above address or fax number.

DISTRICT NAME AND NUMBER	NAME AND TITLE OF CONTACT PERSON
BUILDING REQUESTING DEVIATION	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
NAME OF DISTRICT DIRECTOR OF SPECIAL EDUCATION	E-MAIL ADDRESS (Contact Person)

**RATIONALE**

Provide the following information regarding this deviation request. **Note: Do not type beyond the allotted space provided. If necessary, attach additional pages.**

Yes  No Did you previously request a deviation for the class(es)/program(s) submitted at this time? If yes, describe the reasons for the resubmission.

• Describe the direct cause for this request

• Describe the continuum of special education services in this building.

• What supports are in place to assist the general educator in the affected classroom?

• How do the general education and special education teachers collaborate in order to serve the special education students in the classroom?

**RATIONALE**

• What professional development has been provided to enabled the general education teacher to serve a diverse population of students? (e.g., co-teaching, differentiated instruction, behavior management, IEP accommodations/modifications, etc.)

• How was the general educator involved in planning the goals/objectives for the special education students in the affected classroom?

• What additional student supports are being provided to achieve the goals/objectives?

• Describe the options that were explored prior to this deviation request and why they were determined to be in appropriate.

• How will FAPE be ensured in the event of denial of this request?

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

\_\_\_\_\_  
*Original Signature of District Superintendent*

**ISBE USE ONLY**

Full approval will be withdrawn from approved program deviations if monitoring of these programs by the Illinois State Board of Education determines that they are: 1) not being implemented as approved; and/or 2) it is determined that adequate/sufficient services are not being provided to the special education students based on their IEPs.

DATE RECEIVED	DATE DISAPPROVED	REVIEWER	POST EVALUATION DUE DATE
	DATE APPROVED	REVIEWER	RECEIPT DATE





**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education and Support Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001  
Telephone: 217/782-5589  
**OR**  
E-mail: 7030DEV@isbe.net

**GENERAL EDUCATION TEACHER ASSESSMENT OVERVIEW**

**For confidentiality purposes this completed form can be submitted directly to the Illinois State Board of Education at the above address or e-mail address.**

DISTRICT NAME AND NUMBER	TEACHER NAME
ATTENDANCE CENTER NAME	SUBJECT OR CLASSROOM
1. Describe how you collaborate with special education and support personnel in order to best serve the special education students in this classroom.	
2. Describe how the inclusion of additional special education students will impact instruction in your classroom.	
3. How were you consulted regarding the placement of special education students in your classroom and the degree of intervention required for each?	
4. Are space, materials and supports adequate to safely serve all students in the classroom? If no, please explain.	
5. What support is being provided to you to differentiate instruction, monitor progress, complete universal screenings, and deliver interventions to students who need additional assistance within your classroom?	

\_\_\_\_\_  
*Print Name*

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

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

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education and Support Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001  
Telephone: 217/782-5589  
**OR**  
E-mail: 7030DEV@isbe.net

**SPECIAL EDUCATION TEACHER ASSESSMENT OVERVIEW**

**For confidentiality purposes this completed form can be submitted directly to the Illinois State Board of Education at the above address or e-mail address.**

ATTENDANCE CENTER NAME

SUBJECT OR CLASSROOM

1. What supports do you provide to students with IEPs in this classroom?

2. Will this deviation impact the delivery of services? If yes, please explain.

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Date*

\_\_\_\_\_

***Original Signature***

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education and Support Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001  
Telephone: 217/782-5589  
**OR**  
E-mail: 7030DEV@isbe.net

**POST EVALUATION FOR BUILDING LEVEL ADMINISTRATOR**

**INSTRUCTIONS:** Complete after the end of current school year and submit to Illinois State Board of Education by June 28, 2013 at the above address or e-mail address.

DISTRICT NAME AND NUMBER	TEACHER NAME
ATTENDANCE CENTER NAME	SUBJECT OR CLASSROOM

1. Were there any adverse effects that resulted from this deviation? If yes, please explain.

2. How will you ensure a deviation is not needed for the 2013-2014 school year?

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

**Original Signature**

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education and Support Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001  
Telephone: 217/782-5589  
**OR**  
E-mail: 7030DEV@isbe.net

**POST EVALUATION FOR CLASSROOM TEACHER**

**For confidentiality purposes this completed form can be submitted directly to the Illinois State Board of Education at the above address or e-mail address.**

**INSTRUCTIONS:** Complete after the end of current school year and submit to Illinois State Board of Education by June 28, 2013 at the above address or e-mail address.

DISTRICT NAME AND NUMBER	TEACHER NAME
ATTENDANCE CENTER NAME	SUBJECT OR CLASSROOM

1. Does the inclusion of additional students with IEPs above the 70/30 ratio impact instruction for all students in this classroom? If yes, please explain.

2. Was your ability to provide all supports, accommodations, and modifications as required per each IEP impacted by the inclusion of additional students with IEPs above the 70/30 ratio? If yes, please explain.

\_\_\_\_\_  
*Print Name*

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

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