

Class Size and/or Composition Consultation Form

Report to Local Union Office

1. School: _____ Administrator: _____

2. Teacher: _____ Did you request a meeting? Yes No

3. Proposed Class Size and Composition: Grade: _____ Total number of students: _____

4. Course (Secondary)/Class Title: _____ Total number of IEP students: _____

5. IEP student type and number: A _____ B _____ C _____ D _____ E _____ F _____
G _____ H _____ K _____ Q _____ R _____

6. Does the organization of this class allow you to meet the requirements of each student's IEP? Yes/No (circle one)

7. Has the principal provided you with the relevant information you requested? Yes/No (circle one)

8. Was there a consultation meeting? Yes No

9. Was a staff rep at meeting? Yes No Staff Rep: _____

10. Approximate duration of consultation: Started at: _____ Ended at: _____

11. The organization of this class will likely adversely affect the normal learning expectations for a class because: (check any that apply)

- | | |
|--|---|
| <input type="checkbox"/> too many students for effective instruction | <input type="checkbox"/> unable to meet the prescribed learning outcomes |
| <input type="checkbox"/> lack of resources to meet student needs | <input type="checkbox"/> too many high needs students for effective instruction |
| <input type="checkbox"/> lack of support personnel | <input type="checkbox"/> classroom management impacted adversely |
| <input type="checkbox"/> safety | <input type="checkbox"/> lack of space |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> workload |

12. How did the principal justify this class organization as being appropriate for student learning?:

13. Solutions requested by teacher, and response of Administrator:

- | | | |
|--|----------------------------------|-----------------------------|
| 1. reduce class size | <input type="checkbox"/> will do | <input type="checkbox"/> no |
| 2. reduce number of IEP students | <input type="checkbox"/> will do | <input type="checkbox"/> no |
| 3. provide additional teaching staff | <input type="checkbox"/> will do | <input type="checkbox"/> no |
| 4. provide additional preparation time | <input type="checkbox"/> will do | <input type="checkbox"/> no |
| 5. provide additional SEA time | <input type="checkbox"/> will do | <input type="checkbox"/> no |
| 6. other _____ | <input type="checkbox"/> will do | <input type="checkbox"/> no |

14. Final class organization: Number of students _____ Number of IEP students _____

15. Comment: _____

16. *I agree/disagree (circle one) with the organization of this class.

17. Is the principal aware of your opinion regarding the organization of this class? Yes No

Teacher's signature _____

Staff Rep Signature _____

Date _____

Date _____

Class Size/Composition Consultation Form Instructions:

1. Please fill out one form for each class that is overloaded either by exceeding more than 3 IEP students (consultation required) or the following class size limits:
 - a. 22 Kindergarten;
 - b. 24 Grades 1 – 3;
 - c. 30 Grades 4 – 7 (consent required); or
 - d. 30 Grades 8 – 12 (consultation required).
2. Fill out as much of the form as you can, especially the size and composition numbers. The most common responses on last year's forms have been included in checklists to save writing time, and help us organize your information.
3. When asked, administrators have generally been helpful in supplying codes and explaining IEP types. Try to get the exact numbers for each type. There should also be a discussion of the individual students' IEPs (the most recent one) and how they should be implemented.
4. To help us identify what type of class you have, we have asked for the course title, which is usually the name for the class as it would appear on a timetable. This is very helpful in elective areas, *especially for someone who may not be familiar with your school.*
5. You have the right to ask a Staff Rep to come with you to the meeting, and to ask the administrator to schedule the meeting accordingly, with enough time for a full discussion.
6. It's your consultation, so don't be shy about asking direct questions, making requests, and trying to get a commitment from your administrator to supply solutions for your concerns. You should indicate clearly (by circling the appropriate response) whether you disagree with the organization of the class and why. This need not be decided in the meeting, but you should not delay in making your decision as time is limited.
7. When you have finished the form, please turn it in to your Staff Rep.
8. Staff Reps should collect the forms; make two set of copies, one to keep, one to be delivered to the principal, as soon as possible; and send the originals to the local office.

Thanks for your co-operation. Your information will help us make our case for better learning and working conditions.

Ministry Special Needs Categories

Ministry Category	Description
A	Physically Dependent
B	Deaf/Blind
C	Moderate to Severe/Profound Intellectual Disability
D	Physical Disability/Chronic Health Impairment
E	Visual Impairment
F	Deaf or Hard of Hearing
G	Autism
H	Intensive Behaviour Interventions/Serious Mental Illness
K	Mild Intellectual Disability
Q	Learning Disabilities
R	Moderate Behaviour Support/Mental Illness