

Special Education Deviation Request

Last updated: 6/14/18



Michigan Department of Education
Office of Special Education



State Board of Education

Cassandra E. Ulbrich, Co-President

Richard Zeile, Co-President

Michelle Fecteau, Secretary

Tom McMillin, Treasurer

Nikki Snyder, NASBE Delegate

Pamela Pugh

Lupe Ramos-Montigny

Eileen Lappin Weiser

Ex-Officio

Rick Snyder, Governor

Brian J. Whiston, State Superintendent



Michigan Department of Education (MDE)

Office of Special Education

P.O. Box 30008

Lansing, MI 48909

888-320-8384

[MDE website](http://www.michigan.gov/mde) (www.michigan.gov/mde)

Table of Contents

Special Education Deviation Request

Overview and Instructions	4
Required Forms	5
Attachments Chart.....	5
Requesting District Statement.....	8
Teacher Statement	10
Intermediate School District (ISD) Statement	11
Caseload/Classroom Schedule.....	12
Class Schedule (Departmentalized Program Only).....	14
Michigan Department of Education (MDE), Office of Special Education (OSE) Decision	16

Special Education Deviation Request

Overview and Instructions

The *Michigan Administrative Rules for Special Education* (MARSE) allow for deviations under specific circumstances outlined in R 340.1734. The Michigan Department of Education (MDE), Office of Special Education (OSE) may grant a deviation to local educational agencies (LEAs), intermediate school districts (ISDs), or public school academies (PSAs) for a period not to extend beyond the current school year.

A deviation will not be granted to exclude a student with a disability from participation in required special programs and services nor to avoid or postpone correction of rule violations confirmed through Part 8 (Complaints) of the MARSE.

To request a deviation, local districts and public school academies must complete the district sections of the deviation request form and applicable attachments, then print, sign, and send the documents to the ISD to finalize. A separate deviation form must be completed for each request.

The ISD will then complete the ISD statement. Within seven days of receiving the request from the district, the ISD will mail or fax the completed deviation request form and applicable attachments to:

Michigan Department of Education, Office of Special Education
P.O. Box 30008
Lansing, MI 48909
Fax: 517-241-7141

The ISD must send a copy of the completed form and attachments to the requesting district. The ISD must also send a redacted copy of the request to the parent advisory committee (PAC). If the deviation pertains to a student being educated outside the resident district, the local district of residence must receive a copy of the deviation at the time of its filing, per R 340.1734(1).

The OSE staff will review the request and notify the requesting district and ISD of the decision within 30 calendar days. After a decision is made, the ISD must provide the PAC with a copy of the OSE's response. If the deviation request is denied and the requesting district is out of compliance, the district must correct the noncompliance and provide a written assurance of compliance to the OSE within 30 school days of the denial.

Denials may be appealed. Any decisions on appeal will be based solely on the information provided at the time of the initial request unless additional information is requested by the OSE.

An appeal may be addressed to the Director, Office of Special Education, P.O. Box 30008, Lansing, MI 48909.

To learn more about the procedures for requesting a deviation, please call the Michigan Special Education Information Line at 1-888-320-8384.

Required Forms

The following forms are required for each deviation request:

- Requesting District Statement
- Teacher Statement (Note: This statement is **not** required for R 340.1721b deviation request)
- ISD Statement

Attachments Chart

The chart below shows the attachments that correspond to each rule number for which the district may request a deviation.

- Caseload/Classroom Schedule
- Class Schedule (Departmentalized Program Only)

Rule Number	Required Attachments
R 340.1721b: Timelines	No extra attachments required
R 340.1733(a): Classroom square footage; Space for ancillary services	No extra attachments required
R 340.1733(b)(c)(d)(e)(f): Student age range at any one time	Caseload/Classroom Schedule
R 340.1738(a): Staffing pattern for Severe Cognitive Impairment classroom programs	Caseload/Classroom Schedule

Rule Number	Required Attachments
R 340.1739: Staffing pattern for Moderate Cognitive Impairment classroom programs	Caseload/Classroom Schedule
R 340.1740: Caseload and per period student maximums – Mild Cognitive Impairment	Caseload/Classroom Schedule
R 340.1741: Caseload and per period student maximums – Emotional Impairment	Caseload/Classroom Schedule
R 340.1742(a): Caseload and per period student maximums – Hearing Impairment	Caseload/Classroom Schedule
R 340.1743: Caseload and per period student maximums – Visual Impairment	Caseload/Classroom Schedule
R 340.1744(1): Caseload and per period student maximums – Physical Impairment or Other Health Impairment	Caseload/Classroom Schedule
R 340.1745(c): Caseload – speech/ language instructional service	Caseload/Classroom Schedule
R 340.1746(a)(c)(e): Timeline for initiating homebound and hospitalized services, maximum caseload, and minimum hours of instructional services	Caseload/Classroom Schedule
R 340.1747: Caseload and per period student maximums – Specific Learning Disabilities	Caseload/Classroom Schedule
R 340.1748(1): Staffing pattern for Severe Multiple Impairment programs	Caseload/Classroom Schedule

Rule Number	Required Attachments
R 340.1749(2): Caseload – Teacher Consultant	Caseload/Classroom Schedule
R 340.1749a: Caseload and per period student maximums – Elementary Resource Program	Caseload/Classroom Schedule
R 340.1749b: Caseload and per period student maximums – Secondary Resource Program	Caseload/Classroom Schedule
R 340.1749c: Average of ten – Departmentalized	Class Schedule (Departmentalized Program Only)
R 340.1754(1): Age range for early childhood special education classrooms	Caseload/Classroom Schedule
R 340.1754(2)(f): Caseload and per session student maximums – early childhood special education	Caseload/Classroom Schedule
R 340.1756(1)(b): Caseload and per student maximums – speech/language program	Caseload/Classroom Schedule
R 340.1757(a)(b)(d): Timeline for initiating programs, or providing notification, and the number of students in the classroom in juvenile detention facilities	Caseload/Classroom Schedule
R 340.1758(a): Caseload and per period student maximums – Autism Spectrum Disorder	Caseload/Classroom Schedule



Requesting District Statement

The initial decision or subsequent decision on appeal will be based on the information provided with this request. Therefore, all supporting documentation must be included when the deviation request is initially submitted. Attach extra pages if necessary.

District Name: _____

Building(s) Name: _____

Building(s) Grade Level: _____

Type of Program: _____

Program Level:	Departmentalized Program	Elementary
	Early Childhood Special Education	Secondary

Building Contact Name: _____

District Contact Name: _____

Teacher's Name: _____

Teacher's Phone: _____

Teacher's Endorsements: _____

Deviation Request for Rule: _____
rule number

Deviation needed from _____ to _____
start date *end date*

Describe why the deviation is needed and when the need became known (attach all supporting information). If more space is needed to describe the request, attach a separate sheet.

Describe alternatives that were explored and why each was rejected.

Provide any additional information (or special circumstances) that should be considered regarding this request.

List any deviations for this classroom (approved or denied) by case number.

a. During the previous year:

b. For the present year:

Describe the beneficial effects granting this deviation will have on all the students affected.

Describe the detrimental effects granting this deviation will have on all the students affected.

Signature of Requesting Superintendent or Designee

Date



Teacher Statement

Note: This statement is not required for deviations requested for R 340.1721b.

Describe the **beneficial** effects this deviation would have on the students for which the deviation is requested, other students with disabilities in the classroom, and staff assigned to meet educational needs. (If more space is needed, attach a separate sheet.)

Describe the **detrimental** effects this deviation would have on the students for which the deviation is requested, other students with disabilities in the classroom, and staff assigned to meet educational needs.

Provide any additional information that should be considered regarding this request.

I support do not support this request.

Total Years of Teaching Experience: _____

Teacher Signature

Date



Intermediate School District (ISD) Statement

The initial decision or subsequent decision on appeal will be based on the information provided with this request. Therefore, all supporting documentation must be included when the deviation request is initially submitted. Attach extra pages if necessary. This form must be completed and submitted to the MDE within seven days of receipt of the request.

ISD Name: _____

ISD Contact Person: _____

Contact Person's Phone Number: _____

The ISD supports does not support this request.

Describe your position on the request and the rationale supporting that position. If more space is needed, attach a separate sheet.

Assurance Statements

The ISD assures that it has reviewed the request for this deviation.

The ISD will provide a redacted copy of the request to the PAC when it is submitted to the MDE.

The ISD will assist the requesting district in coming into compliance should the request be denied.

Signature of ISD Special Education Director or Designee

Date



Caseload/Classroom Schedule

Teacher Name: _____

Is an aide assigned to the program? Yes No

Identify each aide and their classification. If the classification is health care, list the name of the student for whom health care is provided.

Aide Name: _____

Classification: Classroom
 Instructional Aide
 Health Care; Student Name: _____

Aide Name: _____

Classification: Classroom
 Instructional Aide
 Health Care; Student Name: _____

Aide Name: _____

Classification: Classroom
 Instructional Aide
 Health Care; Student Name: _____

Complete the chart below. Include each student’s eligibility category (abbreviate if necessary). Check the box for the period(s) each student is in the program based on the rule for which you are requesting a deviation. Calculate the student’s full-time equivalent (FTE) to the nearest tenth.

No.	Student Name	Age (Yr/Mo)	Eligibility Category	1	2	3	4	5	6	FTE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										



Class Schedule (Departmentalized Program Only)

This form must be filled out for **all** period(s). Include as many forms as needed.

Teacher Name: _____

Class Period: _____ Subject: _____

Instructional Aide Name: _____

Instructional Aide Name: _____

Instructional Aide Name: _____

Instructional Aide Name: _____

Include the names of the students in each class period for which you are requesting the deviation. This form must be filled out for **all** period(s). Include as many forms as needed.

Class Period: _____ Subject: _____

No.	Student Name	Age (Yr/Mo)	Eligibility Category
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

**Michigan Department of Education (MDE),
Office of Special Education (OSE) Decision**

This section is for OSE use only.

District Name: _____

Building Name: _____

Rule #: _____

The request is:

Granted

Denied

Withdrawn

Effective dates: _____ to _____
start date *end date*

Summary of deviation request:

Signature of OSE Director or Designee

Date