

Class Size/Composition Consultation Report to Local Union Office 2011-12

1. Local: _____ School: _____

2. Teacher: _____ Administrator: _____

3. Course (Secondary) Title/Section: _____ Grade: _____

4a. Date you were informed of the class organization: _____ 4b. Did you request a meeting? Yes No

5. Were you provided with the relevant information you requested? Yes No Date: _____

6. Was there a consultation meeting? Yes No Date: _____

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

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

9. Proposed Class Size/Composition: Total number of students: _____ Total number of IEP students: _____

10. IEP student type and number: A: _____ B: _____ C: _____ D: _____ E: _____ F: _____

G: _____ H: _____ K: _____ Q: _____ R: _____

11. Does the organization of this class allow you to meet the requirements of each student's IEP? Yes No

12. The organization of this class will adversely affect the normal learning expectations for a class because:

(check any that apply)

too many students for effective instruction

lack of resources to meet student needs

lack of support personnel

other _____

unable to meet the prescribed learning outcomes

too many high needs students for effective instruction

classroom management impacted adversely

lack of space

workload

13. Administrator's rationale for exceeding class size and/or composition limits/guidelines:

14. Solutions requested by teacher, and response of administrator:

1. reduce class size requested will do no

2. reduce number of IEP students requested will do no

3. assign additional SEA time requested will do no

4. provide additional teaching staff requested will do no

5. provide additional prep. time requested will do no

6. other _____ requested will do no

15. Comment: _____

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

Check only one: I disagree with the organization of this class.

I agree with the organization of this class (based on comments made by the administration in section 13 above).

Teacher's signature _____ Staff Rep's signature _____

Class Size/Composition Consultation Form Instructions:

1. Please fill out one form for each class that is overloaded either by exceeding more than three 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. 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 as much time as is necessary.
3. 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.
4. 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, how they should be implemented and whether there are realistic resources in place to be able to meet the requirements of the IEPs.
5. To help us identify what type of class you have, we have asked for the course title, which is usually the full name for the class without abbreviation. Where there is more than one section of a class please indicate the section number i.e., Social Studies 9, sec 3.
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 checking 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 sets of copies, one to keep, and one to be delivered to the principal in the initial grievance meeting. 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