**School District Justification**

**(to be completed by school district CPSE)**

For Temporary Over Enrollment of Special Class or

Special Class in Integrated Setting (SCIS) for a Preschool Student with a Disability

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| Name of School District:      |
| Name of Preschool Program:      |
| Name of Student:      |
| Class Ratio with this Additional Student (approved ratio + over enrolled student(s)):      |
| **Specific** Educational Needs Requiring Placement of Student in this Program:      |
| Names of Other Preschool Programs Considered **and** Reason Rejected or Reason No Other Programs were Considered Appropriate: |
| **Names of Preschool Programs Considered**      | **Reason(s) Rejected**      |
| **Reason No Other Programs Were Considered Appropriate**      |

**The undersigned assures that the Committee on Preschool Special Education (CPSE) has determined that no other appropriate placement is available in a special class or SCIS that is not at full capacity or has not exceeded its approved class size through notification**.

Name of CPSE Chairperson:

 (please type or print legibly)

Phone Number:       Ext.       Email:

Signature: Date: