



Class Size Intake Form

School/Facility: _____

Date: _____

Name: _____

Subject/Grade Level _____

Employee ID: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ GenEd Teacher

☐ Special Ed

☐ Counselor

☐ Other _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Email _____

Number of Students *or* Clients _____

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CONCERN/VIOLATION

- ☐ Assigned more students in my class than Class Size standards for current year MOU
- ☐ Class Size average across grade level group is above Class Size Standards for current year MOU
- ☐ Principal denied conference (request can be made 15 days after Norm Day)
- ☐ Consultation with site administrator to make recommendations with respect to allocation of the grade level or department budget funds was denied
- ☐ Principal/AP will not provide the Elementary Norm Classification Report or CL-16 Form (Secondary)
- ☐ Administrator unwilling to meet informally

TYPE OF CLASS

- | | | |
|------------------------------------------------------------|----------------------------------------------------------|------------------------------|
| <input type="checkbox"/> EEC | <input type="checkbox"/> Senior HS: 9—10 (Academic) | <input type="checkbox"/> SDC |
| <input type="checkbox"/> Elementary: K—3 | <input type="checkbox"/> Senior HS: 9—10 (Non-Academic) | <input type="checkbox"/> RSP |
| <input type="checkbox"/> Elementary: 4—6 | <input type="checkbox"/> Senior HS: 11—12 (Academic) | |
| <input type="checkbox"/> Middle School: 6—8 (Academic) | <input type="checkbox"/> Senior HS: 11-12 (Non-Academic) | |
| <input type="checkbox"/> Middle School: 6—8 (Non-Academic) | | |

Was the principal notified? ☐ Yes ☐ No

Please describe the impact on students and staff on the reverse side. Include any other event(s) that adversely affect students and/or staff.

Instructions

- (1) Keep your original
- (2) Email to UTLA at JLEVID@UTLA.NET
or fax ATTN: JOLLENE to (213) 368-6256
or give a hard a copy to your chapter chair