

**EXTENDED SESSION  
TEACHER/STUDENT RATIO FACT SHEET**

School \_\_\_\_\_ District \_\_\_\_\_  
Name of Grievant \_\_\_\_\_ File # \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
District Rep. \_\_\_\_\_ Chapter Leader \_\_\_\_\_  
Date the Principal was Notified of the Violation \_\_\_\_\_

**SET FORTH SPECIFICALLY THE ACT OR CONDITION AND THE  
GROUNDS ON WHICH IT IS BASED. SET FORTH THE SPECIFIC  
ARTICLE(S) AND SECTION(S) ALLEGED TO BE VIOLATED:**

**CHECK ONE:**

**The extended session assignment for regular education teachers exceeds the maximum group size of ten students. This is a clear violation of Articles Six A Two and Six B of the Agreement.**

Date violation began \_\_\_\_\_ Date violation ended \_\_\_\_\_

Number and names of additional students in each session: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If necessary attach a separate sheet with the names of the additional students assigned to your session.

**The extended session assignment for special education teachers exceeds the maximum group size of five students. This is a clear violation of Articles Six A Four and Six B of the Agreement.**

Date violation began \_\_\_\_\_ Date violation ended \_\_\_\_\_

Number and names of additional students in each session: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If necessary attach a separate sheet with the names of the additional students assigned to your session.