

Class Size Grievance Tracking Form for Elementary Classroom Teachers

2026-2027 School Year

Name: _____ ID # _____

Non-BPS E-mail: _____

Phone: _____

Date Grievance was filed: _____ Grade Level: _____ Type of Class
(General Ed, Inclusion, Substantially Separate Special Ed, SEI, ESL, etc.)

Number of classes in school at your grade level _____

Is there a paraprofessional? YES _____ NO _____

For each date, please indicate the total number of students enrolled in your class. A student is enrolled if they come to class once and are not discharged. Enrollment does not mean the number of students present.

DATE	# STUDENTS	IEP RATIO
Sept. 2026		
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DATE	# STUDENTS	IEP RATIO
Oct. 2026		
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DATE	# STUDENTS	IEP RATIO
Nov. 2026		
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DATE	# STUDENTS	IEP RATIO
Dec. 2026		
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DATE	# STUDENTS	IEP RATIO
Jan. 2027		
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DATE	# STUDENTS	IEP RATIO
Feb. 2027		
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DATE	# STUDENTS	IEP RATIO
Mar. 2027		
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DATE	# STUDENTS	IEP RATIO
Apr. 2027		
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**Class Size Grievance Tracking Form for Elementary Classroom Teachers
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DATE	# STUDENTS	IEP RATIO
May 2027		
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DATE	# STUDENTS	IEP RATIO
Jun. 2027		
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