Class Size Compensation Form: Secondary and Specialist Teachers
2026-2027 School Year

Name: _____ ID # _____

School:_____ Homeroom: _____

Non-BPS E-mail: _____

Phone: _____

Date Grievance was filed: _____ Subject: _____

Grade level: _____

Type of Class (General Ed, Inclusion, Substantially Separate Special Ed, SEI, ESL, etc.):

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

DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Sep. 2026									
8									
9									
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18									
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23									
24									
25									
28									
29									
30									

DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Oct. 2026									
1									
2									
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20									
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28									
29									
30									

DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Nov. 2026									
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3									
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DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Dec. 2026									
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22									
23									

DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Jan. 2027									
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5									
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DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Feb. 2027									
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25									
26									

DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Mar. 2027									
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29									
30									
31									

DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
Apr. 2027									
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DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
May 2027									
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4									
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25									
26									
27									
28									

DATE	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4	PERIOD 5	PERIOD 6	PERIOD 7	PERIOD 8	IEP RATIO
June 2027									
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7									

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