

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 enter the **total number of students enrolled in your class** if the class size maximum was exceeded. If your **IEP ratio was exceeded**, enter the information in the IEP Ratio column. If **both the class size maximum and IEP ratio were exceeded**, complete both columns.

Important: A student is considered enrolled if they attend your class at least once and have not been
Enrollment is not the same as the number of students present each day.

DATE	# STUDENTS	IEP RATIO
Sept. 2026		
8		
9		
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11		
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DATE	# STUDENTS	IEP RATIO
Oct. 2026		
1		
2		
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DATE	# STUDENTS	IEP RATIO
Nov. 2026		
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DATE	# STUDENTS	IEP RATIO
Dec. 2026		
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23		

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DATE	# STUDENTS	IEP RATIO
Jan. 2027		
4		
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DATE	# STUDENTS	IEP RATIO
Feb. 2027		
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26		

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DATE	# STUDENTS	IEP RATIO
Mar. 2027		
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DATE	# STUDENTS	IEP RATIO
Apr. 2027		
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DATE	# STUDENTS	IEP RATIO
May 2027		
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DATE	# STUDENTS	IEP RATIO
Jun. 2027		
1		
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