

Mohall Lansford Sherwood School District No. 1
Class Size, Course Preparations, & Combination Classes Teacher Stipends

Elementary Class Size Policy - If an elementary classroom teacher has an enrollment of 23 or more students they will be compensated an extra \$500.00 provided the enrollment is met each full week during a semester.

Secondary Class Size Policy – If a secondary classroom teacher has an enrollment of 25 or more students in any class a teacher will be compensated \$100.00 per student with a maximum of \$500.00 provided the enrollment is met each full week during a semester.

Course Preparations - If a secondary teacher has 5 different course preparations and at least 100 students during a semester that teacher will be compensated \$500.00 for that semester. If a secondary teacher has 6 different course preparations and at least 80 students during a semester that teacher will be compensated \$500.00 for that semester.

Combination Classes - Any elementary teacher assigned as the full-time combination classroom teacher will be compensated \$500.00 per semester.

Note: Class Size policy does not apply to courses such as physical education, health, art, shop, music and study hall.

Census dates for the district during the first semester will be the second Monday in September and the second semester will be the second Monday in February. Course Preparations are individual class periods assigned by the administration excluding special education assignments.

Name: _____ For Pay Period Ending _____ 20_____

Class: _____ Semester: _____

Stipend Request: (Please Mark One)

☐ Class Size

☐ Course Preparations

☐ Combination Class

Amount of Request: \$ _____

Comments:

Note: Please note enrollment as of census date if applicable.

For Building Principle Use:

Date Received: _____

Action on

Request

_____ Approved

_____ Disapproved

(Principal's Signature)

For Superintendent Use:

Date Received: _____

Action on

Request

_____ Approved

_____ Disapproved

(Superintendent's Signature)

I certify as to the correctness of this report.

(Signature of Claimant) **Date** _____