School District Name:
School District Address:
School District Contact Person/Phone #:

Notification of Increased Instructional Group Size
603 CMR 28.06(6)(e)

Program Name: _____

Proposed Effective Date: _____

Before mailing, please complete the following steps:

☐ Attach the program's weekly block schedule. Clearly indicate which time periods would be affected.
☐ Attach copy of notice sent to parents to notify them of increased instructional group size.
☐ Respond to each of the following items. Attach additional sheets as needed.

1. Explain the reasons for the increased instructional group size.

2. Provide information as to what steps will be taken to reduce the instructional group(s) to sizes outlined in 603 CMR 28.06(c) and 603 CMR 28.06(d) for subsequent years.

Mail to:

Attn: Administrator
Program Quality Assurance Services
Massachusetts Department of Elementary and Secondary Education
350 Main Street
Malden, MA 02148