

**Memorandum of Understanding between the  
Cleveland Metropolitan School District and the  
Cleveland Teachers Union, AFT Local 279, AFL-CIO**

**RE: Overage form for SLP and OT**

This Memorandum of Understanding (MOU) between the Cleveland Metropolitan School District (District) and the Cleveland Teachers Union, AFT Local 279, AFL-CIO (CTU) memorializes the District and CTU's shared commitment to continue the current collaborative working relationship thus enhancing the shared responsibility to provide quality educational services for all District students.

The District recognizes that all provisions in the current Collective Bargaining Agreement (CBA) between the District and the CTU and future CBAs as ratified, as well as other binding agreements on the CTU and the District in the form of Memoranda of Understanding (hereinafter collectively "CBA"), shall remain in full force and effect.

Whereas The District and the CTU recognize the need to fairly determine caseload limits for all staff; and

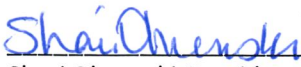
Whereas the current overage formula for Occupational Therapists (OT) and Speech Language Pathologists (SLP) does not account for the time when an OT or SLP are assigned to evaluations only; and

Whereas OT and SLP assignments include days assigned to complete evaluations only for the Preschool Assessment Clinic, Bilingual, and Non-Public students;

Therefore, the District and the CTU agree to the following terms and conditions regarding the overage form for OT and SLP assigned to complete evaluations for Preschool Assessment Clinic, Bilingual, or Non-Public students:

1. The number of full days assigned to evaluations only will be deducted from the number of days worked per week.
2. Evaluations and IEPs completed for Preschool Assessment Clinic, Bilingual, or Non-Public students will be counted as 0.5 on the overage chart. (*Attachment A-SLP Overage CalcWkshtSY21-22.xlsx and Attachment B-OT PT Overage CalcWkshtSY21-22.xlsx*)
3. This is retroactive to the beginning of the 2021-2022 school year.
4. This MOU expires June 30, 2024.

SIGNED AND AGREED TO BY:  
FOR THE UNION:

 /Date 3/18/22  
Shari Obrenski, President  
Cleveland Teachers Union

FOR THE DISTRICT:

\_\_\_\_\_/Date 03/19/2022  
Eric S. Gordon, Chief Executive Officer  
Cleveland Metropolitan School District

**2021-22 Overage Threshold Calculator – Speech-Language Pathologists (CBA Article 10, Section 3)**

Please complete all cells that are highlighted in GREEN.

List all assignments and # of students served per category in this reporting period.

You may add rows between rows 7 and 14 as necessary.

Supporting documentation should be submitted with this worksheet in accordance with department procedures.

Therapist Name:

Period:

MP3 (2/14/2022-3/18/2022)

Assignments (list below)	Service Delivery (please note: no student is to be counted in more than 1 Category)					Total Services Calculation
	Direct service students in high incidence categories	Direct service students in low incidence categories (MD, HI, OI, OHI)	Direct service students in preschool	Students receiving consultative services only (Support for School Personnel)	Students not on caseload for whom you completed an ETR and/or IEP during this reporting period	
						0.0
Subtotals	0	0	0	0	0	0.0
Multiply subtotal by weight	x 1.0	x 1.6	x 1.6	x 0.5	x 0.5	
Totals	0	0	0	0	0	

Total Services Calculation	# of Days Worked Per Week	# of Days Assigned to Evaluations Only (PAC, Nonpublic, Bilingual)	# of Travel Times During the Day (per week)	Overage Threshold Excess	\$ Per Student Per Day	# of Days in This Period
0.0				0	\$5.00	24

I confirm that the information above is accurate.

Therapist signature

UCC signature

Manager's signature

Date

Date

Date

### 2021-22 Overage Threshold Calculator – Occupational and Physical Therapists (CBA Article 10, Section 3)

Please complete all cells that are highlighted in GREEN.

List all assignments and # of students served per category in this reporting period.

You may add rows between rows 7 and 14 as necessary.

Supporting documentation should be submitted with this worksheet in accordance with department procedures.

Therapist Name:

Period:

MP2 (11/22/2021-1/14/2022)

Assignments (list below)	Service Delivery (please note: no student is to be counted in more than 1 Category)				Total Services Calculation
	Direct service students in K-12	Direct service students in preschool	Students receiving consultative services only (Support for School Personnel)	Students not on caseload for whom you completed an ETR and/or IEP during this reporting period	
Subtotals	0	0	0	0	
Multiply subtotal by weight	x 1.0	x 1.2	x 0.5	x 0.5	
Totals	0	0	0	0	

Total Services Calculation	# of Days Worked Per Week	# of Days Assigned to Evaluations Only (PAC, Nonpublic, Bilingual)	# of Travel Times During the Day (per week)	Overage Threshold Excess	\$ Per Student Per Day	# of Days in This Period
0.0				0	\$5.00	26

I confirm that the information above is accurate.

Therapist signature

UCC signature

Manager's signature

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_