DUE: November 1st, 2019

2019-2020 School Year (9/9/2019-10/11/2019) 25 Days First Quarter: Grade Report F

SCHOOL NAME: SCHOOL CODE#: CHAPTER CHAIRPERSON SIGNATURE: PRINCIPAL'S SIGNATURE:			CASE LOAD OVERAGES ONLY GRADES PRK -12				Please List any Paraprofessionals that Assist You:		
		Indicate t	he numbe	r of students	on your case load	that e	exceed the contract	ual limit	
	Please circle y	our classification:	ED	CC	MD/AU	V	і нн	MF	PreK
Name (Print)	Last	First		EMPLOYI	EE ID NUMBER		# OF STUDENTS OVER		EMPLOYEE SIGNATURE
-	-								

* Teachers may only be compensated once per child in his/her classroom. If you have BOTH a class size overage and a Special Education overage you can only be compensated once.

**** IMPORTANT INFORMATION****

- * Supporting documentation MUST be attached. Payment will not be processed without backup documentation.
- * Documentation must be your caseload list which can be created in IEPplus.
- * Please clearly mark or highlight ALL Special Education students that appear on attached documentation.
- * Roster and documentation **MUST** match or your forms **WILL** be returned.
- * PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2019-2020 SCHOOL YEAR (ON OR BEFORE JULY 15, 2020).