DUE: April 3rd, 2020

2019-2020 School Year (2/3/2020-3/6/2020) 23 Days Third Quarter: Grade Report

20 School Year
/6/2020) 23 Days

SCHOOL NAME:			CASE LOAD OVERAGES ONLY				Please List any Paraprofessionals that Assist You:	
SCHOOL CODE#:			GRADES PRK -12					
CHAPTER CHAIRPERSON SIGNATURE:								
PRINCIPAL'S SIGNATURE:		-						
	**Indica	te the numbe	r of students o	on your case load	that e	exceed the contractu	al limit**	
	Please circle your classification:	ED	CC	MD/AU	V		MF	PreK
Name (Print)	Last First		EMPLOYE	EE ID NUMBER		# OF STUDENTS OVER		EMPLOYEE SIGNATURE
, ,								
		**** IM	PORTANT	INFORMATIO	N***	*		

- \* 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.
- \* 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 <u>MUST</u> match or your forms <u>WILL</u> be returned.
- \* PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2019-2020 SCHOOL YEAR (ON OR BEFORE JULY 15, 2020).