E

## DUE: December 13th, 2019

## 2019-2020 School Year

## Regular Classroom Special Education Overage Worksheet : GRADES 4-12

(10/14/2019-11/15/2019) 23 Days Second Quarter: Interim Period

Name:		Employee ID#		chool: School Code#:			
Please indicate the nu	•		ed into your regular educa s per mainstreamed clas		<u>ED</u> the contractual lim	nit. <b>The lim</b>	
	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL	
1st Period							
2nd Period							
3rd Period							
4th Period							
5th Period							
6th Period							
7th Period							
8th Period							
		Total number of students over :					
2	2. Please clearly mark o 3. Label attached 4. Worksh 5. Return this for	or highlight ALL Special Edd deSchoolPLUS supportineet and documentation rm and all supporting do	ecial education overage ducation students that ap g documentation with th MUST match or your for cumentation to: Ann Nik	opear on attached doo e day(s) and class per ms <u>WILL</u> be returned. las, Compensation Ar	cumentation. iod(s). nalyst.	o).	
SIGNATURES:	CTU Member:		Date	:			
		n:		:			
	Principal:		Date	:			