

DUE: April 3rd, 2020

2019-2020 School Year

E

Regular Classroom Special Education Overage Worksheet : GRADES 4-12

(2/3/2020-3/6/2020) 23 Days

Third Quarter: Grade Report

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_ School: \_\_\_\_\_ School Code#: \_\_\_\_\_  
Subject: \_\_\_\_\_

Please indicate the number of special education students mainstreamed into your regular education class that **EXCEED** the contractual limit. **The limit is 5 special education students per mainstreamed class for grades 4-12.**

|  | Monday | Tuesday | Wednesday | Thursday | Friday | TOTAL |
|--|--------|---------|-----------|----------|--------|-------|
| 1st Period                             |        |         |           |          |        |       |
| 2nd Period                             |        |         |           |          |        |       |
| 3rd Period                             |        |         |           |          |        |       |
| 4th Period                             |        |         |           |          |        |       |
| 5th Period                             |        |         |           |          |        |       |
| 6th Period                             |        |         |           |          |        |       |
| 7th Period                             |        |         |           |          |        |       |
| 8th Period                             |        |         |           |          |        |       |
| <b>Total number of students over :</b> |        |         |           |          |        |       |

1. If you have **BOTH** a class size overage and a special education overage you will only be compensated once.
2. Please clearly mark or highlight ALL Special Education students that appear on attached documentation.
3. Label attached eSchoolPLUS supporting documentation with the day(s) and class period(s).
4. Worksheet and documentation **MUST** match or your forms **WILL** be returned.
5. Return this form and all supporting documentation to: **Ann Niklas, Compensation Analyst.**
6. **PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2019-2020 SCHOOL YEAR (ON OR BEFORE JULY 15, 2020).**

**SIGNATURES:** CTU Member: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_