DUE: November 1st, 2019

## 2019-2020 School Year

D

## Regular Classroom Special Education Overage Worksheet : GRADES PRK-3

(9/9/2019-10/11/2019) 25 Days First Quarter: Grade Report

Name:		Employee ID#	Employee ID# School:		School Code#:	
Please indicate the nu	-			ucation class that <u>EXCE</u> treamed class for K-3.	ED the contractual limi	t. The limit
	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 o						•
2	Please clearly mark or 3. Label attached 4. Workshe 5. Return this for	r highlight ALL Special E eSchoolPLUS supportine eet and documentation m and all supporting do	ducation students that ng documentation with MUST match or your focumentation to: <b>Ann N</b>	ge you will only be con appear on attached do the day(s) and class pe forms <u>WILL</u> be returned Niklas, Compensation A SCHOOL YEAR (ON OR	ricumentation. riod(s). .nalyst.	).
SIGNATURES:	CTU Member:		D	Date:		
	Chapter Chairperson:		D	Date:		
	Principal:			Date:		