**DUE: April 5th, 2019** 

2018-2019 School Year (2/4/2019-3/8/2019) 23 Days

**Third Quarter: Grade Report** 

SCHOOL NAME:			CASE LOAD OVERAGES ONLY				Please List any Paraprofessionals that Assist You:	
			GRADES PRK -12					
ERSON SIGNATUR	E:							
IATURE:								
	**Indicate t	he number	of students	on your case load	that e	xceed the contractu	al limit**	
Please circle ye	our classification:	ED	CC	MD/AU	VI	НН	MF	PreK
Last	Firet		EMPI OYI	FE ID NUMBER		# OF STUDENTS		EMPLOYEE SIGNATURE
Last	1 1131		LIVII LOTI	LE ID NOMBER		OVEIT		LIVII EO PEZ OIGNATIONE
,	ERSON SIGNATUR ATURE:	ERSON SIGNATURE:  ATURE:  **Indicate t  Please circle your classification:	ERSON SIGNATURE:  ATURE:  **Indicate the number  Please circle your classification: ED	ERSON SIGNATURE:  ATURE:  **Indicate the number of students  Please circle your classification: ED CC	GRADES PRERSON SIGNATURE:  ATURE:  **Indicate the number of students on your case load  Please circle your classification: ED CC MD/AU	GRADES PRK -1  ERSON SIGNATURE:  ATURE:  **Indicate the number of students on your case load that e  Please circle your classification: ED CC MD/AU VI	GRADES PRK -12  ERSON SIGNATURE:  ATURE:  **Indicate the number of students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students on your case load that exceed the contracture of the students o	ERSON SIGNATURE:  ATURE:  **Indicate the number of students on your case load that exceed the contractual limit**  Please circle your classification: ED CC MD/AU VI HH MF  # OF STUDENTS

\*\*\*\* IMPORTANT INFORMATION\*\*\*\*

- 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 **MUST** match or your forms **WILL** be returned.
- \* PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2018/2019 SCHOOL YEAR (ON OR BEFORE JULY 15, 2019).