

DUE: February 22nd, 2019

2018-2019 School Year
Regular Classroom Special Education Overage Worksheet : GRADES 4-12
(1/8/2019-2/1/2019) 18 Days
Third Quarter: Interim Period

E

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						
Total number of students over :						

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: **Areal Jones, Total Rewards Specialist.**
6. **PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2018-2019 SCHOOL YEAR (ON OR BEFORE JULY 15, 2019).**

SIGNATURES: CTU Member: _____ Date: _____

Chapter Chairperson: _____ Date: _____

Principal: _____ Date: _____