## DUE: April 5th, 2019

## 2018-2019 School Year Regular Classroom Special Education Overage Worksheet : GRADES PRK-3 (2/4/2019-3/8/2019) 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 2 students per PRK class and 4 students per mainstreamed class for K-3.

|            | 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: |

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