DUE: October 28, 2022

## **CASELOAD OVERAGE**

## **First Quarter: Grade Report**

Traditional/Extended Schools (9/26/2022 - 10/21/2022) 18 Days Year Round Schools (9/12/2022 - 10/7/2022) 19 Days

Name:				
School:		Grade Level:		
Name(s) of assigned Paraprofessio	nal(s):			
Select Classification:			<u> </u>	
	K-8	9-12	Total Caseload	Total Over
Intellectual/Specific Learning Disabilities	16	24		
Hearing / Visual / Orthopedic / Other Health Impairment	10	10		
Emotional Disturbance	12	12		
Multiple Disabilities	8	8		
Autism, Deaf-Blind, Traumatic Brain Injury	6	6		
MD/AUT (Indicate ratio as Total students/AUT students)*	8/6	8/6		
Cross Categorical	12	16		
*Low Incidence Model: One (1) Interv students, or any low-incidence classro Assistant, and over eight (8) students.	oom with one (1)			
1. Include Caseload Report run during	the timeframe f	or submitting Pro	ogress Reports or Ma	rking Period Grades.
<ol> <li>Worksheet and documentation MU</li> <li>Only one type of overage may be cl</li> <li>PAYMENT WILL BE MADE FOLLOWI</li> <li>JULY 15th). Compensation is based or</li> </ol>	aimed for each a	ssignment/casel TION OF THE 202	oad. 22-2023 SCHOOL YEA	R (ON OR BEFORE
Signatures Required:				
CTU Member:		Date:		
Chapter Chair:	Date:			
Principal:		Date:		