DUE: December 9, 2022

CASELOAD OVERAGE

Second Quarter: Interim Report

Traditional/Extended Schools (10/24/2022 - 12/02/2022) 25 Days Year Round/CSAD/CSSM/Sof1/DEC (10/24/2022 - 12/02/2022) 24 Days

Name:		Employee ID:		
School:		Grade Level:		
Name(s) of assigned Paraprofessio	nal(s):			
Select Classification:			,	,
	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.
 Worksheet and documentation MU Only one type of overage may be of PAYMENT WILL BE MADE FOLLOWI JULY 15th). Compensation is based or reports. 	aimed for each a	ssignment/caselo	oad. 22-2023 SCHOOL YEA	· ·
Required Signatures:				
CTU Member:			Date:	
Chapter Chair:		Date:		
Principal:		Date:		