DUE: January 13, 2023

Name:

## **DEPARTMENTALIZED/ESP TEACHER**

**Second Quarter: Grade Report** 

Traditional/Extended/CSAD/CSSM/SofO/DEC Schools (12/05/2022 - 01/06/2023) 14 Days Year Round Schools (12/05/2022 - 1/13/2023) 14 Days

Employee ID:

School:				Subject:	Subject:		
Circle Grade L	evel:						
	PreK (20 Maximum)			K- 3 (25 Maximum)		4 - 8 (28 Maximum)	
9-12 (30 Maximum)			Physical Education* (33 Maximum) *Grades 9-12				
Indicate the n	umber of stude	ents that <b>EXC</b> E	EED the class lin	nits:			
	Monday	Tuesday	Wednesday	Thursday	Friday	Total	
1st Period							
2nd Period							
3rd Period							
4th Period							
5th Period							
6th Period							
7th Period							
8th Period							
9th Period							
10th Period							
			Weekly tota	I number of s	tudents over:		
students and n 2. Worksheet a 3. Only one typ 4. PAYMENT W	umber of studer nd documentati e of overage ma ILL BE MADE FO	nts over. on <b>MUST</b> mate by be claimed fo LLOWING THE	vith the grade lev ch or your forms or each assignme COMPLETION OF on student enrollr	<b>WILL</b> be return ent/caseload. F THE 2022-202	ed. 3 SCHOOL YEAR	(ON OR	
Required Signa	itures:						
	CTU Member:				Date:		
	Chapter Chair:				Date:		
	Principal:				Date:		

RETURN FORM AND SUPPORTING eSchoolPlus DOCUMENTS VIA EMAIL TO: ClassSizeOverages@ClevelandMetroSchools.org