Ε

Date: _____

SPECIAL EDUATION BY CLASS PERIOD (Intervention Specialist)

DUE: October 28, 2022

First Quarter: Grade Report

Traditional/Extended Schools (09/26/2022 - 10/21/2022) 18 Days Year Round Schools (9/12/2022 - 10/07/2022) 19 Days

Name:				Employee ID:		
School:						
Classification:	(Example: AUT	, CD, etc)				
Please refer to	Article 10 of the	Collective Bar	gaining Agreeme	ent for contract	ual limits by Spe	cial
Education Cate					, ,	
Indicate the nu	mber of Special	Education stud	ents OVER the co	ontractual limit:		
	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 st	udents over:	
 Clearly mark Worksheet at Only one type PAYMENT W 	or highlight all S nd documentation e of overage ma ILL BE MADE FOI	pecial Education on MUST mato y be claimed fo LLOWING THE	ith the day(s) and on students; SPEC h or your forms Vor each assignment of the completion of the student enrollm	o icon should be WILL be returne nt/caseload. THE 2022-2023	visible on report d. SCHOOL YEAR (C	ON OR
Signatures Req	uired:					
	CTU Member:				Date:	
	Chapter Chair:				Date:	

RETURN FORM AND SUPPORTING eSchoolPlus DOCUMENTS VIA EMAIL TO: classsizeoverages@clevelandmetrodchools.org

Principal: _____