

DUE: December 17, 2021

C

CASELOAD OVERAGE

Second Quarter: Interim Report

Traditional/Extended Schools (10/25/2021 - 12/3/2021) 25 Days

Year Round Schools (10/18/2021 - 11/10/2021) 18 Days

Name: _____

Employee ID: _____

School: _____

Grade Level: _____

Name(s) of assigned Paraprofessional(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) Intervention Specialist and one (1) Instructional Assistant, and over six (6) total students, or any low-incidence classroom with one (1) Intervention Specialist and more than one (1) Instructional Assistant, and over eight (8) students.

1. Include IEPPlus Caseload Report run during the timeframe for submitting Progress Reports or Marking Period Grades.
2. Worksheet and documentation **MUST** match or your forms **WILL** be returned.
3. Only one type of overage may be claimed for each assignment/caseload.
4. PAYMENT WILL BE MADE FOLLOWING THE COMPLETION OF THE 2021-2022 SCHOOL YEAR (ON OR BEFORE JULY 15th). Compensation is based on student enrollment as evidenced by progress reports or grade scan reports.

Signatures:

CTU Member: _____

Date: _____

Chapter Chair: _____

Date: _____

Principal: _____

Date: _____

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