**Office of Special Education**

**Caseload Reporting Form**

**2017-2018**

***ALL Caseload Reporting Forms must be submitted via email to*** ***caseloads10@slps.org***

**SECTION II**

Please **ENTER** the student’s grade, name (Last, First, MI) ID number and the total minutes per week for each student currently assigned to you. **List names in alphabetical order.** Put a check (✓) in the column headed “CM” if you are the student’s case manager. If throughout the school year you have a student that withdraws, please indicate the date in the proper column.

**SECTION I**

Teacher: Program: School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified: Substitute: Date Completed: Location Code:

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| **CM** | **GRADE** | **STUDENT NAME (Last, First, MI)****and ID #** | **MIN/WEEK YOU SERVE STUDENT BASED ON IEP** | **DATE****ENROLLED** | **DATE** **WITHDRAWN** | **PARA** **1-1/or****classroom**  | **PARA Minutes** | **ESY****YES NO** |
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**Teacher minutes per day** **Record Caseload**

**\*\*A student’s IEP cannot list more instructional minutes than the teacher actually has available according to the teacher’s program\*\***

 **PRINCIPAL’S SIGNATURE DATE**