

SCHOOL FACILITIES - CASELOAD/CLASS SIZE CHECK

School District: _____ **School Site:** _____

Teacher's Name		Number of Students Per Class Period		
		1		
Areas of Certification		2		
		3		
		4		
*Caseload (total)		5		
Disability Categories		6		
		7		
Classroom Location		Comments:		
Separate Building: <input type="checkbox"/>				
Substantially Separate Area: <input type="checkbox"/>				
Among Other Classrooms: <input type="checkbox"/>				
PLACEMENTS				
# of students in Regular class full-time (inside the regular class more than 80% of the day)-consultation and monitoring only	# of students in regular class full-time (inside the regular class more than 80% of the day)-collaboration or co-teaching	# of students in special class part-time (inside the regular class 40% to 80% of the day)	# of students in special class full-time (inside the regular class less than 40% of the day)	# of students in special class full-time (inside the regular class less than 10% of the day)
# of students outside of public school setting (home instruction, hospitals, institutions, public/private residential facilities, public/private separate day school facilities, correctional facilities, parentally placed in private schools)	# of students in pre-school continuum (early childhood program, special education program, residential facility, home, service provider location)	# of students with Speech/Language Therapy 60 minutes or less per week	# of students with Speech/Language Therapy more than 60 minutes per week	

Count students who are assigned to the teacher for developing and monitoring implementation of their IEPs. Do not count students that the teacher serves but does not develop and monitor implementation of the IEP as the qualified specialist.

*Refer to Special Education Policies, 2013