

CESA NO. 8 SPECIAL EDUCATION ENROLLMENT REPORT

SCHOOL YEAR: _____ ___ THIRD FRIDAY IN SEPTEMBER - (Date for Student Federal Count) ___ SECOND FRIDAY IN JANUARY ___ LAST DAY

SCHOOL DISTRICT _____ BUILDING _____

PROGRAM/CLASS _____ GRADE/LEVEL _____

TEACHER _____

TEACHER AIDE _____

Student Name (Last, First, M.I.)	Primary Disability	Grade Level	District of Residence	Frequency/Amount of Time (i.e. 30 min/2 x wk)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

Teachers please list students that you are primarily responsible for. If you have students that you are a supportive service please indicate with an asterisk* in front of their name.
PLEASE COMPLETE AND SUBMIT TO THE CESA #8 OFFICE IMMEDIATELY AFTER EACH REQUESTED COUNT DATE.