

CESA NO. 8

SPECIAL EDUCATION ESTIMATED PROJECTION OF ENROLLMENT FOR NEXT YEAR

School Year:
Date Due: Last week of
April

(Itinerant Staff providing services to more than one district please list each district on a separate sheet)

SCHOOL DISTRICT _____ BUILDING _____
PROGRAM/CLASS _____ GRADE/LEVEL _____
TEACHER _____ TEACHER AIDE _____

*(Itinerant Teachers of HI,VI,OM,OT & PT please include prep time per student also see bottom of form for estimated IEP prep and meeting time)

Student Name (Last, First, M.I.)	Primary Disability	Grade Level	District of Residence	Frequency/Amount of Time (# of min. per week/month/or year if monitor only per IEP of Student)	*Prep Time for Student (# of min. per week/mo./or year if monitor only) (Itinerants Only)	Total Service, Prep time minutes X Frequency. i.e. (180 Days, 36 Wks, 9 Mo.) = Yearly Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

Classroom 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. Itinerant Teachers of HI,VI,OM, OT & PT please indicate estimated amount of time in a year for IEP prep/consultation/IEP meetings for each district after listing all of student times.

PLEASE COMPLETE AND SUBMIT TO THE CESA #8 OFFICE. DUE THE LAST WEEK OF APRIL.