FY 17 SPED CASELOAD REPORT

Complete only on students whose folder you hold.

Teacher: **School:**

Caseload for month of: AUG. SEPT. OCT. NOV. DEC., 2016
JAN. FEB. MARCH APRIL MAY, 2017

Student's Full Name	GTID #	Primary Exceptionality	Secondary Exceptionality	Third Exceptionality	Grade	Date of Birth	Entered Date (Current School Year)	Withdrawal Date	IEP Ending Date	RE-ELIGIBILITY DUE DATE	Current Psych Date	# DAILY Segments for:						# WEEKLY Segments for:			Testing		
												READING	MATH	LANGUAGE ARTS	SCIENCE	SOCIAL STUDIES	CONNECTIONS EXP.	OT	PT	SPEECH	Standard Assessment	Conditional Assessment	GAA