School:_____ **Projection of SWD'S** **Teacher:_____**

Grade: from____

Projections of SWD's

Codes to use:

PS - if para is providing supportive instruction in general ed. class
CT - if sped teacher is providing services in reg. class entire segment
SC - if student receives all services in sped classrooms
RC - if student receives services outside of general ed. classroom
Colab - if sped teacher is providing service in reg. class half of sped segment
Consult- if stduent is served consultative

SI - student receives speech services **list how many hours**
OT - student receives occupational services **list how many hours**
PT - student receives physical therapy services **list how many hours**

Be sure to put reading level based on data collected this school year.

Student' s Name Last, First, Middle Initial	Eligibility	Reading Level	Reading	Study Skills	ELA	Math	Science	Social Studies	Speech	OT	PT

FORM Z