

WENATCHEE SCHOOL DISTRICT #246

SPED Caseload Overload Worksheet

Month _____ 20_____

Employee Name _____ (Please Print)

School _____

Employee Signature _____ Date _____

Administrator's Signature _____ Date _____

Special Education Caseload:

| Educator Position | Month | FTE | Stipend | Total |
|-------------------|-------|-----|----------------|-------|
| | | | \$50.00 | |
| | | | \$50.00 | |

(If the caseload limit is exceeded on a monthly basis, a \$50 per month stipend will be paid)

Total \$ _____

- Psychologist: Any combination of General Education student caseloads up to 1200
- SLP: Any combination of student caseloads up to 50 *(may consist of one of more sites)*
- OT/PT: Any combination of student caseloads up to 45 *(may consist of one or more sites)*
- Resource Teachers: Elementary 32 IEP's on a caseload
- Resource Teachers: Secondary 42 IEP's on a caseload
- Alternative Program Teachers 18 IEP's on a caseload
- K-8 Communication Room 10 IEP's on a caseload
- 9-12 Communication Room / Transition House 16 IEP's on a caseload
- Preschool Teacher 24 IEP's on a caseload
- Visually & Hearing Impaired (any combination) 22 caseload

Psychologist:

| Educator Position | Date | Evals | Stipend | Total |
|-------------------|------|-------|----------------|-------|
| | | | \$50.00 | |
| | | | \$50.00 | |

WA-AIM:

| Portfolio Completed | Date | Number | Stipend | Total |
|---------------------|------|--------|-----------------|-------|
| | | | \$100.00 | |

(Payroll Use Only)

| PAY CODE | ACCOUNT CODE | DAILY-RATE | FACTOR | WORK DATE | TOTAL |
|----------|--------------|------------|--------|-----------|-------|
| NO25 | | | 1 | | |
| | | | | | |
| | | | | | |

To be paid for this time, this form must be received by payroll no later than sixty (60) days following completion of the time worked. All work completed in May and June must be turned in no later than July 10th. All corrections and cross outs must be initialed by both the Employee and the Administrator.