

FULL TIME EQUIVALENCY (FTE)
(IEP Information)

<u>Minutes/Day</u>	<u>1 Day</u>	<u>2 Days</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
15	.01	.02	.03	.03	.04
20	.01	.02	.03	.04	.06
25	.01	.03	.04	.06	.07
30	.02	.03	.05	.07	.08
35	.02	.04	.06	.08	.10
40	.02	.04	.07	.09	.11
45	.03	.05	.08	.10	.13
50	.03	.06	.08	.11	.14
55	.03	.06	.09	.12	.15
60	.03	.07	.10	.13	.17
70	.04	.08	.12	.16	.19
80	.04	.09	.13	.18	.22
90	.05	.10	.15	.20	.25
100	.06	.11	.17	.23	.28
110	.06	.12	.18	.24	.31
120	.07	.13	.20	.27	.33
150	.08	.17	.25	.33	.42
180	.10	.20	.30	.40	.50
210	.12	.23	.35	.47	.58
240	.13	.27	.40	.53	.67
270	.15	.30	.45	.60	.75
300	.17	.33	.50	.67	.83
330	.18	.37	.55	.73	.92
360	.20	.40	.60	.80	1.00

SPECIAL EDUCATION HANDICAPPING CONDITIONS

Autism	AUT
Behavioral Disorder	BD
Deaf-Blindness	DB
Developmental Delay	DD
Hearing Impairments	HI
Mental Handicap-Mild	MH:Mi
Mental Handicap-Moderate	MH:Mo
Mental Handicap- Severe/Profound	MH:S/P
Mental Handicap-Birth to Age 5	MH
Multiple Impairments	MULTI
Orthopedic Impairments	OI
Other Health Impairments	OHI
Specific Learning Disabilities	SLD
Speech-Language Impairments	SLI
Traumatic Brain Injury	TBI
Visual Impairments	VI

Indicate the Primary Handicapping Condition (as listed on the MDT) Only.

GRADE LIST

10-16-06	to	10-15-08	=	A
10-16-03	to	10-15-05	=	B
10-16-02	to	10-15-03	=	K
10-16-01	to	10-15-02	=	1
10-16-00	to	10-15-01	=	2
10-16-99	to	10-15-00	=	3
10-16-98	to	10-15-99	=	4
10-16-97	to	10-15-98	=	5
10-16-96	to	10-15-97	=	6
10-16-95	to	10-15-96	=	7
10-16-94	to	10-15-95	=	8
10-16-93	to	10-15-94	=	9
10-16-92	to	10-15-93	=	10
10-16-91	to	10-15-92	=	11
10-16-90	to	10-15-91	=	12
		10-15-87	=	21

ECSE/SCHOOL AGE REPORT

(Speech, Deaf Ed, Vision)

Evaluation Date (ECSE) - Date you evaluate student, not placed. You may evaluate a student several times before making a placement. List each evaluation date.

Evaluation Time (ECSE) - Number of minutes you spent on evaluation.

Service (ECSE) - Date you started seeing student on a regular basis and have placed them on your caseload.

Minutes (ECSE) - The number of minutes you see the student each session.

Sessions (ECSE) - The number of sessions you have each week.

(ECSE) - To qualify as ECSE the student must have been born after **10/16/02**. If a child is five and not in school, he/she is considered school age and should be listed on your school age report.

IEP/IFSP Date - Use date that the current IEP/IFSP expires.

MDT Date - Use MDT (Multi-Disciplinary Team) report date.

Terminate - Date you terminated student from your caseload.

Case Manager - Use: DEAF, ECSE, EDN, SLP, or SPED.

Condition - Use primary handicapping condition, which is listed on the MDT report. If both speech and resource teachers are seeing the same student, the condition listed should be the same.

Submit Forms w/ Monthly Mileage Reports (Due 22nd of Each Month)

These forms are used for various types of reporting to the State Department of Education, and also for the quarterly bills sent to each school district. We are depending on you to submit true and accurate information on a monthly basis.

When the new caseload summary for each person was done, the following was done:

- A. Promoted all students one grade.
- B. Promoted all pre-k students that turned school age.
- C. Deleted all students that were terminated last year.
- D. Deleted F.T.E. for school age students.
- E. Deleted minutes and sessions for pre-k students.

CASELOADS WITH HEAD START STUDENTS

1. Speech personnel serving students in Head Start should note all students seen as being from Head Start and the district (Santee/HS-Niobrara, Santee/HS-Verdigre, Walthill/HS-Pender, etc.) on your caseload.
2. Speech personnel specifically assigned to Head Starts do **not** need to complete the following information:
 - F.T.E.
 - sessions/week
 - minutes/week.
3. If a student is seen in addition to the time seen at Head Start, they should be duplicated on your caseload, (one under the district and one under Head Start/district), F.T.E., minutes/sessions and sessions/week noted for the individual.
4. Do not list students before evaluating them.
5. Complete all information.

Early Childhood Special Ed CASELOADS

(Homebased Teachers)

Consults (15 minutes+ ~ bill district)

- Telephone (personnel involved with student, i.e., medical, school and agency personnel, and parents)
- Direct (i.e., meetings requested by school personnel related to student's needs)

Meetings (bill district)

- IEP
- MDT
- IFSP
- SAT
- Others not listed directly related to a specific student

Paperwork (bill district)

- Written evaluation
- Form completion (i.e., IEP, IFSP, etc.)
- Progress reports
- Paperwork involving student (i.e., request for medical information, etc.)

Planning & Preparation

- Projects involving specific student - bill district in quarter hour increments; put remaining time as "Other"

Direct Services (bill district)

- Student evaluation/testing
- Therapy
- Transporting students to clinics, etc.
- Observations in classroom

Research (no district bill)

- Update and educate self w/ regard to student's disability

Equipment (no district bill)

Hospitalization (bill district)

Cancellations

- Student/parent cancellation - bill district
- ESU provider cancellation - no bill district
- Weather cancellation - no bill district

Travel Time (due to cancellation)

- Actual travel occurred - bill district
- No travel occurred - no bill district

Make Up Time

- ESU provider cancellation - try to make up time
- Student/parent cancellation - no make up

Workshops

- Record workshops/in-services and or general meetings under "Other"

Assistive Technology

- Primary evaluator only: evaluation (3 hrs direct and 3 hrs report)
- Secondary providers: evaluations reported on database - bill districts for direct services