DS-4061 (Worksheet B)

9/23/2010

Worksheet B: Basic Classroom Programs
Student Count For All Other Special Education Classroom Teachers

Form YY

Educating District Code

Circle Reimbursement Code (only one):

110	Mild Cognitive Impairment
120	Moderate Cognitive Impairment
130	Severe Cognitive Impairment
140	Emotional Impairment
150	Learning Disability
160	Hearing Impairment
170	Visual Impairment
180	Physical & Other Health Imp.
190	Severe Multiple Impairment
191	Early Childhood Special Ed. Prgrm.
192	Severe Language Impairment
193	Autistic Impairment
194	Resource Room
270	Early Childhood Special Ed. Svcs.

Teacher Name _____

Educating District Name _____

Institution/Building Nursing Home _____

Section 6 Defined Center Program ___ Yes ___ No

Directions: This form must be returned to your Intermediate School District. Keep one copy for your records.

Additional copies may be reproduced.

Purpose:
This form will enable the Special Education Administrator to determine FULL TIME EQUIVALENCY (FTE) membership assigned to Basic Classroom Programs as well as total count of handicapped students by program category and by grade.

Name of Student	District of Residence	Student FTE Per Week In:													Total FTE (Columns 3-16)	Age
			General Education By Grade Level													
		Sp.Ed./B.C. FTE	K	1	2	3	4	5	6	7	8	9	10	11	12	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
		Totals															

GRAND TOTAL HEAD COUNT
TOTAL NUMBER OF STUDENTS LISTED

Individual totals for Columns (3) through (17)

9/23/2010