**SPECIAL EDUCATION CLASS-SCHEDULE RECOMMENDATIONS FOR 20\_\_-20\_\_**

Elementary School to Middle School

|  |  |
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| **From (current school):** Click here to enter text. | **To (receiving school):** Click here to enter text. |
| **Current Casemanager:**Click here to enter text. | **Phone number:** Click here to enter text. |

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| **Student Name:** Click here to enter text. |

*Directions: (1) Use the chart below to make recommendations for the student’s high school schedule. (2) Attach IEP Page 1 and Special Factors page 1. (3) Give a copy to your CST and place the original in the student’s special education container.* ***All entries should reflect the current IEP. If not, an IEP should be held before the end of the current school year.***

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|  | **No support needed** | **Minimal support needed**  *(i.e. paraeducator, peer tutor, collaboration/consult.)* | **Support needed**  *(i.e. SAI in general ed/*  *co-teaching)* | **Moderate support needed**  *(i.e. SAI in a separate classroom, applied class, etc.)* | **Comments (optional)** |
| **ENGLISH/Lang. Arts** |  |  |  |  | Click here to enter text. |
| **MATH** |  |  |  |  | Click here to enter text. |
| **Sci./Social Sci.** |  |  |  |  | Click here to enter text. |
| **P.E.** |  |  |  |  | Click here to enter text. |
| **Electives/Other** |  |  |  |  | Click here to enter text. |

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| **Other** |
| Receives transportation as a related service  F12 completed to continue transportation services  EXCEED events up to date   EXCEED open tasks are complete (current IEP)  Clean out/organize the Special Education container |

**Additional comments:**

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| Click here to enter text. |