

PUPILS ENROLLED IN SPECIAL EDUCATION TRANSITION SERVICES

District: _____

School Year: _____

Building/Program: _____

Count: Fall Spring

Instructions: Complete the report below for all pupils enrolled in Special Education Services - paid Work Activity Centers and Transition/Community Living Experiences

	Pupil Name	Grade	Program Type			Enrolled in District	Certificated SE Teacher	Attendance Verified	Pd. Wk. Activity Center			TCLE						
			WBL	Work Act. Ctr.	TCLE				IEP	Wage deviation in place	Work < 50% FTE	Instructional Component	Certified Staff visit 30 days	Training Plan & Agreement	IEP	App. by School Bd.	On Sched. & Gr/Cr Granted	
1			Report these students on Work-base list															
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

I certify that this is a true and accurate list of all special education transition pupils reported for FTE membership and all pupil accounting requirements have been met.

Authorized Representative's Signature

Title

Date