

WORK-BASED LEARNING FOR SPECIAL EDUCATION (students with disabilities)

LIST OF ENROLLED PUPILS

District: _____

School Year: _____

Building/Program: _____

Count: Fall Spring

INSTRUCTIONS: Complete this form for Special Education pupils who are placed in an In-District Placement course per their transition plan on the September or February count day. Indicate requirements have been met with Y/N.

Two types
In-District Placement (IP)
Non-CTE Special Ed Pupil (NCTE)

Pupil Name	Grade	Hour	Program Type IP or NCTE	Training Agreement	Training Plan	Monitored by Special Ed Teacher	HS Credit Earned	Attendance Verified	Safety Training	Visitation every 30 Days (if applicable)	Hours at Work-site Counted does not exceed 50%	Must not Exceed School Maximum Hours	FTE Claimed for Workbased Learning
1. Smith, Michael (sample)	11th	3rd	IP	Y	Y	Y	Y	Y	Y	NA	Y	Y	0.16
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 pupils enrolled in Work-Based Education / In-District Placement Programs.

 Authorized Representative's Signature

 Title of Authorized Representative

 Date

