

GIFTED SPECIALIST'S SCHEDULE AND CASELOAD FORM

Name: _____ School(s) _____
(List all schools that you serve.)

The purpose of this form and attachment(s) are:

- 1) to show if services across the system are comparable in duration.
- 2) to show if teachers are serving overloads either in the case of total students served or individual class sizes.
- 3) to show if scheduling is blocked for maximum teaching or scattered to meet the needs of other programs.

CASELOAD: Enter the grade levels under GRADE and numbers of GIFTED ELIGIBLE students for each subgroup across. Only enter students served through direct services. The form will calculate your totals.

Grade	Hours Of Service Time	# White	# Black or African American	# Hispanic/Latino	# Asian	#American Indian/Alaskan Native	# Native Hawaiian /Pacific Islander	# Two or More Races	Total #
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
TOTAL NUMBER OF STUDENTS SERVED									0

ATTACH A WEEKLY SCHEDULE FOR EACH SCHOOL SERVED INCLUDING NUMBER OF STUDENTS IN EACH CLASS. (See example below)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00- 11:00	Planning Time Small Group Product Gathering for Referrals	Planning Time 7 th Grade Consultative Services	GATE CLASS 6 th Grade (10 students)	Assist 5 th Grade teachers with differentiation	GATE Class 6 th Grade (9 students)
11:00- 11:30	LUNCH/ PLANNING	LUNCH/ PLANNING	LUNCH/ PLANNING	LUNCH/ PLANNING	LUNCH/ PLANNING
11:30- 2:30	GATE CLASS 5 th Grade (9 students)	GATE CLASS 5 th Grade (7 students)	GATE CLASS 5 th Grade (12 students)	Planning Time 8 th Grade Consultative Services Curriculum Compacting/ Meetings	Assist 6 th Grade teachers with differentiation