Special Education Projections for the _____ School Year

School: _____ Total number of segments per day: _____

To be completed by each special education teacher for his/her caseload

Number of segments refers to number of segments **per day**

Place one grade level and one disability eligibility per page

Student Name:	**Eligibility**	**Grade**	**General ed. segments without support**	**General ed. segments with Consultation ***	**General ed. segments with Supportive Instruction****	**Collaboration segments**	**Co-Teaching segments**	**Special Ed. Classroom segments**	**Total # of Sp. Ed. segments per day**