

Form 1-Documentation of students you work with

Staff person's name: _____

Position: _____ ()Prof () Para

Time sampling beginning and ending dates: ___/___/___ to ___/___/___

School District: _____ FTE: _____ Core FTE: _____

Student's Name and 7-digit State ID number	Type of Services Being Performed-Check one			
	IEP	504	EST	Other: EXPLAIN

Form 2 – Time sample

Enter the name of all students receiving a service in the appropriate time block.

Color Coding:

IEP students are YELLOW, 504 students are _____, EST students are _____
and general duties are circled in BLUE

Enter Times	Monday Date: <i>Specify Duties</i>	Tuesday <i>Specify Duties</i>	Wednesday <i>Specify Duties</i>	Thursday <i>Specify Duties</i>	Friday <i>Specify Duties</i>

Form 3

Core Staff Designation

For School Year _____ - _____

School District: _____

Principal's signature and date: _____

Name	Position Title	FTE Designated as Core Staff	
		FTE for Professionals	FTE for Paraeducators
Total FTE's (Not to exceed the designation established by the Vermont Department of Education)			