

# Completed Work Report

## Extended Year for Special Educators - Special Educator Stipends

District/Charter School

Name:

---

Preschool Special Educator

Speech Language Pathologist

Special Education Teacher

---

**Date Worked**

IEP Related Duties

File Preparation

Report Preparation

Assessment Related Duties

Records Maintenance

Conferring with Parents

Other IDEA paperwork

***Mark all duties performed on this work day.***

---

**Date Worked**

IEP Related Duties

File Preparation

Report Preparation

Assessment Related Duties

Records Maintenance

Conferring with Parents

Other IDEA paperwork

***Mark all duties performed on this work day.***

---

Special Educator Signature

Date

Supervisor Signature

Date

*Optional form for district/charter school use; not to be submitted to USOE*