Special Education Staffing Report

Record any changes in services including: new students, transfers within the system, changes in hours or providers, terminations. If terminated, indicate reason (e.g. moved out of county, moved out of state, mainstreamed, graduated.) and give date.

IEP Monitor _____ **School:** _____ **Month** _____

STUDENT NAME			Current IEP	Handicapping Condition			Hours of Service			Provider's	Speech/Lang	Reported on Horizon		Comments:
LAST	FIRST	MI	Date	Pri	Sec	Rel	Pri	Sec	Rel	Initials	Assess Date	Yes	No	(If exiting, be sure to include exit date)

Fax to the SpEd Office the First School Day of the Following Month

Revised 10/05