

FULL TIME EQUIVALENCY (FTE)
(IEP Information)

<u>Minutes/Day</u>	<u>1 Day</u>	<u>2 Days</u>	<u>3 Days</u>	<u>4 Days</u>	<u>5 Days</u>
15	.01	.02	.03	.03	.04
20	.01	.02	.03	.04	.06
25	.01	.03	.04	.06	.07
30	.02	.03	.05	.07	.08
35	.02	.04	.06	.08	.10
40	.02	.04	.07	.09	.11
45	.03	.05	.08	.10	.13
50	.03	.06	.08	.11	.14
55	.03	.06	.09	.12	.15
60	.03	.07	.10	.13	.17
70	.04	.08	.12	.16	.19
80	.04	.09	.13	.18	.22
90	.05	.10	.15	.20	.25
100	.06	.11	.17	.23	.28
110	.06	.12	.18	.24	.31
120	.07	.13	.20	.27	.33
150	.08	.17	.25	.33	.42
180	.10	.20	.30	.40	.50
210	.12	.23	.35	.47	.58
240	.13	.27	.40	.53	.67
270	.15	.30	.45	.60	.75
300	.17	.33	.50	.67	.83
330	.18	.37	.55	.73	.92
360	.20	.40	.60	.80	1.00

SPECIAL EDUCATION HANDICAPPING CONDITIONS

Autism	AUT
Deaf-Blindness	DB
Developmental Delay	DD
Emotional Disturbance	ED
Hearing Impairments	HI
Intellectual Disability	ID
Multiple Impairments	MULTI
Orthopedic Impairments	OI
Other Health Impairments	OHI
Specific Learning Disabilities	SLD
Speech-Language Impairments	SLI
Traumatic Brain Injury	TBI
Visual Impairments	VI

Indicate the Primary Handicapping Condition (as listed on the MDT) Only.

GRADE LIST

8-1-15	to	7-31-17	=	A
8-1-12	to	7-31-14	=	B
8-1-11	to	7-31-12	=	K
8-1-10	to	7-31-11	=	1
8-1-09	to	7-31-10	=	2
8-1-08	to	7-31-09	=	3
8-1-07	to	7-31-08	=	4
8-1-06	to	7-31-07	=	5
8-1-05	to	7-31-06	=	6
8-1-04	to	7-31-05	=	7
8-1-03	to	7-31-04	=	8
8-1-02	to	7-31-03	=	9
8-1-01	to	7-31-02	=	10
8-1-00	to	7-31-01	=	11
8-1-99	to	7-31-00	=	12
		7-31-96	=	21

ECSE CASELOAD REPORT

(Instructional Teacher)

*Eligible ECSE students must have been born on or after **7/31/12**.
If student does not meet the ECSE criteria, student should be listed on school age report.*

IFSP/IEP Date - Current IFSP/IEP meeting date.

Student Name - As listed on MDT/IEP.

DOB - As listed on MDT/IEP.

MDT Date - Current MDT meeting date.

Service Date - Date student placed on caseload. If minutes and/or session changes, revise service date.

Evaluation Date - Initial date of student evaluation. If additional evaluation is conducted (obtain a new Consent to Evaluate), revise evaluation date.

Primary HC - **Primary** handicapping condition as listed on the MDT report (i.e., primary handicapping condition for an individual student is to be the same, regardless of service provider).

Sessions - Number of sessions (e.g., 1xwk, 3xqtr, 2xyr, etc.).

Minutes/Session - Number of minutes on the IFSP/IEP. Minutes should not be listed as a range (e.g., 30-45 minutes, etc.).

Termination Date - Date student no longer qualifies, is terminated (no longer receives ECSE services), has moved, etc.

Case Manager - DEAF, ECSE, EDN, SLP, SPED, VI.

Update Forms Monthly (Due 22nd of Each Month)

The Caseload Report is used for various types of reporting to the Nebraska Department of Education, and also for the quarterly bills sent to each school district. We are depending on you to submit true and accurate information on a monthly basis.

When annual Caseload Reports are generated, the following steps are taken:

- Delete all ineligible ECSE students, (e.g., school age, DNQ, terminated, etc.)
- Delete minutes and sessions.

ECSE BILLING REPORT

(Instructional Teacher)

Date - Contract date.

Student Name - As listed on MDT/IEP, Other-(Teacher Name), (District) Head Start, (District)-Other, etc.

DOB - As listed on MDT/IEP.

School - District student assigned to.

HC - **Primary** handicapping condition as listed on the MDT report (i.e., primary handicapping condition for an individual student is to be the same, regardless of service provider).

SP - Service Provided

Start - Time you start the session.

End - Time you end the session.

Total - Amount should be in quarter hour increments.

Travel Time - Actual travel occurred.