



Special Education Time-Study Sampling Side One Direct Instruction, Face-to-Face Activities

All staff who provide direct instructional services will complete this form. Face-to-face services to students with an Individual Education Program (IEP) are recorded in Part A. If you are providing assessment, case management or consultation, or completing documentation of due process, then you need to complete Part B. In some cases, you may have to complete both parts of this form if you do any indirect services during this sampling period. Completion of this form is a valuable part of the district's application for state special education base revenue.

Name of Staff Person: _____ Folder #: _____ District #: _____

School Year: _____ Building: _____ Dates of Survey: _____ to _____

Enter the number of students served in each period of the day according to category. If the student has an IEP and the need for the service is supported by the IEP, then the student should be counted in the Sp Ed column. If the student does not have an IEP or the IEP does not support the need for the service you are providing, count the student in the Gen Ed column.

Note: If you are basically serving students by the hours of the day, then use the periods below as the first hour, second hour, third hour, etc. of the day. If you serve students in 15-minute units, block schedule, or have an otherwise irregular schedule, then enter the total number of students in each category for the day. For example, an occupational therapist, physical therapist, social worker, school psychologist, or educational speech/language pathologist may have 20-minute periods and 40-minute periods in one day. Just enter the total number of students for the day in each column.

PART A

Day	Monday		Tuesday		Wednesday		Thursday		Friday	
	Sp Ed	Gen Ed	Sp Ed	Gen Ed	Sp Ed	Gen Ed	Sp Ed	Gen Ed	Sp Ed	Gen Ed
Period 1										
Period 2										
Period 3										
Period 4										
Period 5										
Period 6										
Period 7										
TOTAL										

Enter

- P** = Preparation time
- A** = Assessment
- C** = Consulting Time
- M** = Case Management
- D** = Due Process

If you enter an **A**, **C**, **M**, or **D** above, you must complete the reverse side of this form to account for those activities.

Describe your primary work assignment for the week of this survey. Work assignment refers to the area(s) in which you are assigned. For certified staff, this may, or may not, be the same as the areas specified on your license and/or contract. Indicate special education only if you have a specific special education assignment/caseload and are responsible for provision of services to students with IEPs.

Number of students you typically work with in a day: _____

Number of special education students you typically work with in a day _____

Number of special education students on your caseload _____

Briefly list your duties below:

List any additional responsibilities assigned to you by the district with their frequency or building administrator for this survey period (for example: supervision of study halls, lunchroom, hallways, playground, committees and so on, or office work that occurs during the instructional day).

Duties: _____ Amount of Time and Frequency: _____

Did you substitute as a part of your assignments? _____ Yes _____ No

If yes, how many in days/hours this survey period? _____ days/hours

Signature of Staff Member _____ Date _____

Works Phone Number: _____

PART B

Special Education Time-Study Sampling Side Two

Name: _____ Position: _____
 Folder #: _____ District #: _____

Dates of Time Sample: _____
 Total Minutes in the Teacher's Contract for Services Per Day: _____

Record the minutes spent each day performing the functions listed below, in the chart, for a week. The listing of activities is taken indirectly from Minnesota Rule 3525.1310. This worksheet may be used to collect data for the verification of time of part-time employees, such as school social workers, school nurses, or others who work part-time with students with disabilities who are being claimed for special education aid (federal or state). Please review the accompanying instructions and rationale for completing this form.

Dates:						
Function:	Mon	Tue	Wed	Thu	Fri	Total
1. Child find and pupil identification including the time to plan and design the procedures to seek out and identify all pupils who may be disabled, and implementing those child find procedures.						
2. Pre-referral activities: necessary short-term indirect or consultative services that are provided in conjunction with general education to an individual suspected of having a disabling condition; such as classroom observation, working with general education teacher in interventions, and so on.						
3. Assessment and IEP planning for individual pupils with disabilities including the development of the assessment plan, development of periodic reports, completing the assessments, and attending meetings required to develop and write the Evaluation Report and IEP.						
4. Instruction or related and support services to pupils with IEPs, including direct instruction, counseling, school health services, therapies, and other activities that are documented on the IEP as a needed service and listed in the adaptations or services provisions areas of the IEP. If you enter any time in this area you must also complete the reverse side.						
5. Due Process: completing the IEP, evaluation reports, providing notices, and other activities that assure that the procedures supporting parental rights are completed.						
6. Other related services provided in conjunction with the instructional program as outlined in the pupil's IEP, including working with the parents and other agencies regarding the student's disabilities, services to meet the student's individual needs, and training, and support of paraprofessionals working with children with disabilities.						
7. Other functions relating to students with disabilities. List below and be very specific.						
Total minutes from side two:						
Total time for reimbursable special education services:						
Total minutes worked in the day being reported:						
Divide total special education minutes by the total minutes worked that day. This is the FTE equivalent for that day.						