

## SPECIAL ED TRANSITION SERVICES – WORK ACTIVITY CENTER SERVICES

District:	School Year:
Building/Program:	Count: <input type="checkbox"/> Fall <input type="checkbox"/> Spring

**INSTRUCTIONS:** Complete for all Special Ed students that are receiving work activity center services (e.g., Growth & Opportunity).

Name (Last, First)	Grade or Category	“Work Activity Center Services” identified on student’s IEP? (Y/N)	Student assigned to a Spec Ed teacher? (Y/N)	Student attended on a scheduled school day during the Count Period? (Y/N)	1 <i>documented</i> site visit once every 30 calendar days? (Y/N)	FTE	
						Total	TS Portion (must be ≤ .5)
TOTAL FTE							