

**St. Lucie Public Schools Exceptional Student Education  
FTE Documentation Form - 5 Day Rotation**

**Student Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Primary ESE Teacher Completing Form:**

**Date:**

**Bell:**

<b>Course Qualifiers: Consultation – 2222222S A – Self Contained Y-ASD Only Class R – Resource (Pull-Out)</b>									Excep.					
<b>S–Support Facilitation (Push-In) C –Co-taught (include Team Teach Training Code**) RG –Resource Graded (Pull-Out)</b>														

**ADD Direct Services, Related Services, Itinerant, Self-contained, & Consultation\***

S D S	ESE Course # /Qualifier	Sec #	ESE Teacher	Room #	Gen Ed Teacher Name	Effective Date	ESE Subject	Periods <small>check bell schedules</small>	Days (Circle)	Time		Per Week Mins	Grd Y/N
										From	To		
									MTWRF				
									MTWRF				
									MTWRF				
									MTWRF				
									MTWRF				
									MTWRF				
									MTWRF				
									MTWRF				

**CHANGE in Days, Time or Mins ONLY**

S D S	ESE Course # /Qualifier	Sec #	ESE Teacher	Room #	Gen Ed Teacher Name	Effective Date	ESE Subject	Periods	Days	Time		Per Week Mins	Grd Y/N
										From	To		
									MTWRF				
									MTWRF				

**DROP the following courses**

S D S	ESE Course # /Qualifier	Sec #	ESE Teacher	Room #	Gen Ed Teacher Name	Effective Date	ESE Subject	Periods	Days	Time		Per Week Mins	Grd Y/N
										From	To		
									MTWRF				
									MTWRF				
									MTWRF				

**Confirmed Accurate by ESE Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Data Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_