NOTICE OF INTENT Extended Year for Special Educator Stipends

District/Charter School:
Name of Special Educator:
Special Education Teacher (Preschool) Special Education Teacher (School Age) Speech-Language Pathologist
I plan to work days within two weeks before the first contract day. I plan to work days within two weeks after the last contract day.
I am in a year-round school and plan to work days during off-track days.
Signature: Date:
Stipends are available for up to 3.5 days of extended year work before and/or after the
2013-2014 school year.
Please indicate the type(s) of work to be completed during the extended days:
Please indicate the type(s) of work to be completed during the extended days:
Please indicate the type(s) of work to be completed during the extended days: IEP related duties Record maintenance
Please indicate the type(s) of work to be completed during the extended days: IEP related duties Record maintenance File preparation Report preparation