

Teacher Name

## **Special Education**



Assignment (i.e. LD, ME, . . . )

## **Tracking Form**

Please complete this form when your Special Education class is cancelled.

School

Date Classes Cancelled		
D/	C11 · .1 · C 11 · · ·	
Please fill in the following information for each class that was cancelled during the day.		
Classes Cancelled	Description of Cancelled	Reason for Cancellation
	Classes	Reason for Cancentation
Begin Time - End Time Example:		
9:00 – 12:00	Math/Language	Lack of Occasional Teacher

## *NOTE:*

- 1) Provide a copy of this form to your principal
- 2) E-mail a copy of this form to your field superintendent
- 3) E-mail a copy of this form to Maria Meehan, Superintendent of Special Services at (maria.meehan@tcdsb.org)
- 4) E-mail a copy of this form to Deborah Karam, President of TECT at (dkaram@tect.org)
- 5) Print a copy for your records