

NOTICE OF INTENT
Extended Year for Special Educators - Special Educator Stipends

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| District/Charter School: | |
| Name of Special Educator: | |
| <input type="checkbox"/> Special Education Teacher (Preschool) <input type="checkbox"/> Special Education Teacher (School Age) <input type="checkbox"/> 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. | |
| Signature: | Date: |
| | |
| Stipends will be available for up to three days of extended year work for the following types of duties: IEP related duties Records maintenance File preparation Report preparation Assessment related duties Conferring with parents Other paperwork related to the implementation of IDEA | |