



Special Education Tracking Form

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

Teacher Name: _____ School: _____

Assignment: _____ Date Class(es) Cancelled: _____
(i.e. LD, ME, etc.)

Please fill in the following information for each class that was cancelled during
the day.

Class(es) Cancelled Begin Time-End Time	Description of Cancelled Class(es)	Reason for Cancellation
Example: <i>9:00-12:00</i>	<i>Math/ Language</i>	<i>Lack of occasional teacher</i>

NOTE:

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