

**Preparing for Inquiry:
Context for Teaching and Learning**



★ Education Specialist Caseload Profile

★ **Required** for participating teachers authorized by RIMS-BTSA for the Clear Education Specialist Induction Program.

Date: _____

Roster for: Class #1 Class #2

Case Carrier: _____

Grade Level/ Subject: _____

Support Provider: _____

Specialty Area: _____

Student Identifier* (Use the same Student Identifier assigned in the Class Profile.)	DOB (mm/yy)	Primary Eligibility	Current IEP Date	Services (See Services list below)	Student's Primary Language ¹	Language(s) Spoken in Home ¹	CELDT ² Overall Score	Accommodations/ Modifications •Instructional •Testing	Behavior Support Plan (Check if applicable)	General Education Teachers	Para-Professionals	Notes
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Services: **APE** – Adapted PE **IBI** – Intensive Behavior Intervention **MH** – Mental Health **OT** – Occupational Therapy
 OHI – Other Health Impaired **PT** – Physical Therapy **S/L** – Speech & Language **OTH** – Other

¹ Found in the Home Language Survey

² Based on the California English Language Development Test (CELDT)