

## 5-L: SPECIAL EDUCATION TRANSITION SERVICES TEACHERS LOG

District		School Year		
Building - Program		Count Day	October	
			February	

I certify that this is a true and accurate Teacher Log for qualifying Transition Services pupil(s).

Signature of Certified Teacher/Coordinator	Title of Teacher/Coordinator	Date
--	------------------------------	------

**INSTRUCTIONS:** Complete this form for all special education pupils in a paid or unpaid work experience on the October or February count day.

Last Name	First Name	Employer	Date of Initial Safety Visit	Employer Initials	30 Day Visit Date	Employer Initials	30 Day Visit Date	Employer Initials	30 Day Visit Date	Employer Initials