

Certified Education Assistant Sub Book

Date _____

CEA _____ Special Ed Teacher _____
Classroom Teacher _____

Start _____ Break _____ Lunch _____ End _____

Supervision Duties (✓) Yes _____ No _____ Check with admin _____

(Details if yes)

When _____

Where _____

General Supervision (✓) _____ Student(s)with Special Needs _____

Work Situation (✓)

Classroom Assistant _____

1 Student _____ Designation _____

More than 1 _____ Designations _____

Medical Emergency Plan (✓) Yes _____ see page # _____
No _____

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Student Name _____ **Designation** _____

Student Locker _____ **Combination** _____ **Computer Password** _____

Classroom Teacher _____ **Room #** _____

Block _____ **Grade** _____ **Subject** _____

Meet student - AM (place) _____ (time) _____

Leave student - end of day (place) _____ (time) _____

Parent/Handi-Dart-Caregiver _____

Indicate Program (✓) **Modified** _____ **Adapted** _____ **Regular** _____

Student coverage during breaks (✓)

Yes _____ **Who covers?** _____

No _____ **What does student do?** _____

Student Information

Outline of Activities/Support (by day, block or subject)

Student Name _____

Outline of Daily Activities/Support (continued)

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