

**Template for Report of Caseloads for Occupational Therapists:**

District/School		State Charter School/Nevada State High School Meadowwood	
2-Year Report for Period of	7/1/2019	through	6/30/2021
<p><b>REPORT OF CASELOADS FOR OCCUPATIONAL THERAPISTS</b>                  (Must be submitted to the Nevada Department of Education and posted to the district’s website by October 1 in each odd-numbered year)</p>			
1. Describe the factors used in determining caseloads (check all that apply):			
Geographic considerations such as distance OTs must travel to get to sites		N/A	
Number of students who need services at a given site		N/A	
Number of students who need services in the district		N/A	
Level of intensity of students’ needs		N/A	
Number of OTs employed by the district		N/A	
Number of existing vacancies		N/A	
Other – Describe:		N/A	
N/A			
2. Describe the range of number of pupils with disabilities at different school sites who require services:			
Minimum number of students who receive OT at any given site:		N/A	
Maximum number of students who receive OT at any given site:		N/A	
3. Describe the range of levels of intensity of the services required:			
Number of pupils who receive direct services approximately 1-2 times per week:		N/A	
Number of pupils who receive direct services approximately 1-2 times per month:		N/A	
Number of pupils who receive consultation services approximately 1 time per week:		N/A	
Number of pupils who receive consultation services approximately 1 time per month:		N/A	
4. Describe the availability of appropriately certified assistants to assist with provision of services:			

**Template for Report of Caseloads for Occupational Therapists:**

N/A	
5. Describe the geographic factors that affect the ability of therapists to travel to provide the services (check all that apply and provide a brief description):	
Travel time / distance. Describe:	N/A
N/A	
Weather conditions. Describe:	N/A
N/A	
Other – Describe:	N/A
N/A	
6. Describe the degree to which the district expects occupational therapists to participate in meetings pertaining to the pupils:	
N/A	
7. Provide the number of occupational therapist vacancies experienced by the district in this reporting period:	N/A

**Template for Report of Caseloads for Occupational Therapists:**

8. Describe the efforts made by the district for the recruitment and retention of occupational therapists:
N/A

District State Charter Authority		Nevada State High School	
2-Year Report for Period of	7/1/2019	through	6/30/2021

9. List the number and caseload of each OT employed in this reporting period:
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Full Time Occupational Therapists (OTs)			Part-Time Occupational Therapists (OTs)			
Full-Time Ots (FT OT)	Maximum Caseload	Employee (E) or Contracted (C)	Part-Time OTs (PT OT)	% FTE Worked	Maximum Caseload	Employee (E) or Contracted (C)
FT OT #1	N/A	N/A	PT OT #1	N/A	N/A	N/A
FT OT #2	N/A	N/A	PT OT #2	N/A	N/A	N/A
FT OT #3	N/A	N/A	PT OT #3	N/A	N/A	N/A
FT OT #4	N/A	N/A	PT OT #4	N/A	N/A	N/A
FT OT #5	N/A	N/A	PT OT #5	N/A	N/A	N/A
FT OT #6	N/A	N/A	PT OT #6	N/A	N/A	N/A
FT OT #7	N/A	N/A	PT OT #7	N/A	N/A	N/A
FT OT #8	N/A	N/A	PT OT #8	N/A	N/A	N/A
FT OT #9	N/A	N/A	PT OT #9	N/A	N/A	N/A
FT OT #10	N/A	N/A	PT OT #10	N/A	N/A	N/A
FT OT #11	N/A	N/A	PT OT #11	N/A	N/A	N/A

**Template for Report of Caseloads for Occupational Therapists:**

FT OT #12	N/A	N/A	PT OT #12	N/A	N/A	N/A
FT OT #13	N/A	N/A	PT OT #13	N/A	N/A	N/A
FT OT #14	N/A	N/A	PT OT #14	N/A	N/A	N/A
FT OT #15	N/A	N/A	PT OT #15	N/A	N/A	N/A
FT OT #16	N/A	N/A	PT OT #16	N/A	N/A	N/A
FT OT #17	N/A	N/A	PT OT #17	N/A	N/A	N/A
FT OT #18	N/A	N/A	PT OT #18	N/A	N/A	N/A
FT OT #19	N/A	N/A	PT OT #19	N/A	N/A	N/A

### Template for Report of Caseloads for Physical Therapists:

District		State Charter Authority/Nevada State High School Meadowwood	
2-Year Report for Period of	7/1/2019	through	6/30/2021
<b>REPORT OF CASELOADS FOR PHYSICAL THERAPISTS</b> (Must be submitted to the Nevada Department of Education and posted to the district's website by October 1 in each odd-numbered year)			
1. Describe the factors used in determining caseloads (check all that apply):			
Geographic considerations such as distance PTs must travel to get to sites		N/A	
Number of students who need services at a given site		N/A	
Number of students who need services in the district		N/A	
Level of intensity of students' needs		N/A	
Number of PTs employed by the district		N/A	
Number of existing vacancies		N/A	
Other – Describe:		N/A	
N/A			
2. Describe the range of number of pupils with disabilities at different school sites who require services:			
Minimum number of students who receive PT at any given site:		N/A	
Maximum number of students who receive PT at any given site:		N/A	
3. Describe the range of levels of intensity of the services required:			
Number of pupils who receive direct services approximately 1-2 times per week:		N/A	
Number of pupils who receive direct services approximately 1-2 times per month:		N/A	
Number of pupils who receive consultation services approximately 1 time per week:		N/A	
Number of pupils who receive consultation services approximately 1 time per month:		N/A	
4. Describe the availability of appropriately certified assistants to assist with provision of services:			
N/A			
5. Describe the geographic factors that affect the ability of therapists to travel to provide the services (check all that apply and provide a brief description):			
Travel time / distance. Describe:		N/A	
N/A			
Weather conditions. Describe:		N/A	

N/A	
Other – Describe:	N/A
N/A	
6. Describe the degree to which the district expects physical therapists to participate in meetings pertaining to the pupils:	
N/A	
7. Provide the number of physical therapist vacancies experienced by the district in this reporting period:	N/A
8. Describe the efforts made by the district for the recruitment and retention of physical therapists:	
N/A	

9. List the number and caseload of each OT employed in this reporting period:

Full Time Physical Therapists (OTs)			Part-Time Physical Therapists (OTs)			
Full-Time PTs (FT PT)	Maximum Caseload	Employee (E) or Contracted (C)	Part-Time PTs (PT PT)	% FTE Worked	Maximum Caseload	Employee (E) or Contracted (C)
FT PT #1	N/A	N/A	PT PT #1	N/A	N/A	N/A
FT PT #2	N/A	N/A	PT PT #2	N/A	N/A	N/A
FT PT #3	N/A	N/A	PT PT #3	N/A	N/A	N/A
FT PT #4	N/A	N/A	PT PT #4	N/A	N/A	N/A
FT PT #5	N/A	N/A	PT PT #5	N/A	N/A	N/A
FT PT #6	N/A	N/A	PT PT #6	N/A	N/A	N/A
FT PT #7	N/A	N/A	PT PT #7	N/A	N/A	N/A
FT PT #8	N/A	N/A	PT PT #8	N/A	N/A	N/A
FT PT #9	N/A	N/A	PT PT #9	N/A	N/A	N/A
FT PT #10	N/A	N/A	PT PT #10	N/A	N/A	N/A
FT PT #11	N/A	N/A	PT PT #11	N/A	N/A	N/A
FT PT #12	N/A	N/A	PT PT #12	N/A	N/A	N/A
FT PT #13	N/A	N/A	PT PT #13	N/A	N/A	N/A
FT PT #14	N/A	N/A	PT PT #14	N/A	N/A	N/A

FT PT #15	N/A	N/A	PT PT #15	N/A	N/A	N/A
FT PT #16	N/A	N/A	PT PT #16	N/A	N/A	N/A
FT PT #17	N/A	N/A	PT PT #17	N/A	N/A	N/A
FT PT #18	N/A	N/A	PT PT #18	N/A	N/A	N/A
FT PT #19	N/A	N/A	PT PT #19	N/A	N/A	N/A
FT PT #20	N/A	N/A	PT PT #20	N/A	N/A	N/A

**Template for Report of Caseloads for Occupational Therapists:**

District/School		State Charter School/Nevada State High School - Sunrise	
2-Year Report for Period of	7/1/2019	through	6/30/2021
<p>REPORT OF CASELOADS FOR OCCUPATIONAL THERAPISTS</p> <p>(Must be submitted to the Nevada Department of Education and posted to the district’s website by October 1 in each odd-numbered year)</p> <p>1. Describe the factors used in determining caseloads (check all that apply):</p>			
Geographic considerations such as distance OTs must travel to get to sites		N/A	
Number of students who need services at a given site		N/A	
Number of students who need services in the district		N/A	
Level of intensity of students’ needs		N/A	
Number of OTs employed by the district		N/A	
Number of existing vacancies		N/A	
Other – Describe:		N/A	
N/A			
<p>2. Describe the range of number of pupils with disabilities at different school sites who require services:</p>			
Minimum number of students who receive OT at any given site:		N/A	
Maximum number of students who receive OT at any given site:		N/A	
<p>3. Describe the range of levels of intensity of the services required:</p>			
Number of pupils who receive direct services approximately 1-2 times per week:		N/A	
Number of pupils who receive direct services approximately 1-2 times per month:		N/A	
Number of pupils who receive consultation services approximately 1 time per week:		N/A	
Number of pupils who receive consultation services approximately 1 time per month:		N/A	
<p>4. Describe the availability of appropriately certified assistants to assist with provision of services:</p>			



**Template for Report of Caseloads for Occupational Therapists:**

N/A	
5. Describe the geographic factors that affect the ability of therapists to travel to provide the services (check all that apply and provide a brief description):	
Travel time / distance. Describe:	N/A
N/A	
Weather conditions. Describe:	N/A
N/A	
Other – Describe:	N/A
N/A	
6. Describe the degree to which the district expects occupational therapists to participate in meetings pertaining to the pupils:	
N/A	
7. Provide the number of occupational therapist vacancies experienced by the district in this reporting period:	N/A

**Template for Report of Caseloads for Occupational Therapists:**

8. Describe the efforts made by the district for the recruitment and retention of occupational therapists:
N/A

District State Charter Authority		Nevada State High School	
2-Year Report for Period of	7/1/2019	through	6/30/2021

9. List the number and caseload of each OT employed in this reporting period:
---

Full Time Occupational Therapists (OTs)			Part-Time Occupational Therapists (OTs)			
Full-Time Ots (FT OT)	Maximum Caseload	Employee (E) or Contracted (C)	Part-Time OTs (PT OT)	% FTE Worked	Maximum Caseload	Employee (E) or Contracted (C)
FT OT #1	N/A	N/A	PT OT #1	N/A	N/A	N/A
FT OT #2	N/A	N/A	PT OT #2	N/A	N/A	N/A
FT OT #3	N/A	N/A	PT OT #3	N/A	N/A	N/A
FT OT #4	N/A	N/A	PT OT #4	N/A	N/A	N/A
FT OT #5	N/A	N/A	PT OT #5	N/A	N/A	N/A
FT OT #6	N/A	N/A	PT OT #6	N/A	N/A	N/A
FT OT #7	N/A	N/A	PT OT #7	N/A	N/A	N/A
FT OT #8	N/A	N/A	PT OT #8	N/A	N/A	N/A
FT OT #9	N/A	N/A	PT OT #9	N/A	N/A	N/A
FT OT #10	N/A	N/A	PT OT #10	N/A	N/A	N/A
FT OT #11	N/A	N/A	PT OT #11	N/A	N/A	N/A

**Template for Report of Caseloads for Occupational Therapists:**

FT OT #12	N/A	N/A	PT OT #12	N/A	N/A	N/A
FT OT #13	N/A	N/A	PT OT #13	N/A	N/A	N/A
FT OT #14	N/A	N/A	PT OT #14	N/A	N/A	N/A
FT OT #15	N/A	N/A	PT OT #15	N/A	N/A	N/A
FT OT #16	N/A	N/A	PT OT #16	N/A	N/A	N/A
FT OT #17	N/A	N/A	PT OT #17	N/A	N/A	N/A
FT OT #18	N/A	N/A	PT OT #18	N/A	N/A	N/A
FT OT #19	N/A	N/A	PT OT #19	N/A	N/A	N/A

**Template for Report of Caseloads for Physical Therapists:**

District		State Charter Authority/Nevada State High School - Sunrise	
2-Year Report for Period of	7/1/2019	through	6/30/2021
<p><b>REPORT OF CASELOADS FOR PHYSICAL THERAPISTS</b>            (Must be submitted to the Nevada Department of Education and posted to the district's website by October 1 in each odd-numbered year)</p>			
<p>1. Describe the factors used in determining caseloads (check all that apply):</p>			
Geographic considerations such as distance PTs must travel to get to sites		N/A	
Number of students who need services at a given site		N/A	
Number of students who need services in the district		N/A	
Level of intensity of students' needs		N/A	
Number of PTs employed by the district		N/A	
Number of existing vacancies		N/A	
Other – Describe:		N/A	
N/A			
<p>2. Describe the range of number of pupils with disabilities at different school sites who require services:</p>			
Minimum number of students who receive PT at any given site:		N/A	
Maximum number of students who receive PT at any given site:		N/A	
<p>3. Describe the range of levels of intensity of the services required:</p>			
Number of pupils who receive direct services approximately 1-2 times per week:		N/A	
Number of pupils who receive direct services approximately 1-2 times per month:		N/A	
Number of pupils who receive consultation services approximately 1 time per week:		N/A	
Number of pupils who receive consultation services approximately 1 time per month:		N/A	
<p>4. Describe the availability of appropriately certified assistants to assist with provision of services:</p>			
N/A			
<p>5. Describe the geographic factors that affect the ability of therapists to travel to provide the services (check all that apply and provide a brief description):</p>			
Travel time / distance. Describe:		N/A	
N/A			
Weather conditions. Describe:		N/A	

N/A

Other – Describe: N/A

N/A

6. Describe the degree to which the district expects physical therapists to participate in meetings pertaining to the pupils:

N/A

7. Provide the number of physical therapist vacancies experienced by the district in this reporting period: N/A

8. Describe the efforts made by the district for the recruitment and retention of physical therapists:

N/A

9. List the number and caseload of each OT employed in this reporting period:

Full Time Physical Therapists (OTs)			Part-Time Physical Therapists (OTs)			
Full-Time PTs (FT PT)	Maximum Caseload	Employee (E) or Contracted (C)	Part-Time PTs (PT PT)	% FTE Worked	Maximum Caseload	Employee (E) or Contracted (C)
FT PT #1	N/A	N/A	PT PT #1	N/A	N/A	N/A
FT PT #2	N/A	N/A	PT PT #2	N/A	N/A	N/A
FT PT #3	N/A	N/A	PT PT #3	N/A	N/A	N/A
FT PT #4	N/A	N/A	PT PT #4	N/A	N/A	N/A
FT PT #5	N/A	N/A	PT PT #5	N/A	N/A	N/A
FT PT #6	N/A	N/A	PT PT #6	N/A	N/A	N/A
FT PT #7	N/A	N/A	PT PT #7	N/A	N/A	N/A
FT PT #8	N/A	N/A	PT PT #8	N/A	N/A	N/A
FT PT #9	N/A	N/A	PT PT #9	N/A	N/A	N/A
FT PT #10	N/A	N/A	PT PT #10	N/A	N/A	N/A
FT PT #11	N/A	N/A	PT PT #11	N/A	N/A	N/A
FT PT #12	N/A	N/A	PT PT #12	N/A	N/A	N/A
FT PT #13	N/A	N/A	PT PT #13	N/A	N/A	N/A
FT PT #14	N/A	N/A	PT PT #14	N/A	N/A	N/A

FT PT #15	N/A	N/A	PT PT #15	N/A	N/A	N/A
FT PT #16	N/A	N/A	PT PT #16	N/A	N/A	N/A
FT PT #17	N/A	N/A	PT PT #17	N/A	N/A	N/A
FT PT #18	N/A	N/A	PT PT #18	N/A	N/A	N/A
FT PT #19	N/A	N/A	PT PT #19	N/A	N/A	N/A
FT PT #20	N/A	N/A	PT PT #20	N/A	N/A	N/A

**Template for Report of Caseloads for Occupational Therapists:**

District/School		State Charter School/Nevada State High School	
2-Year Report for Period of	7/1/2019	through	6/30/2021
<p>REPORT OF CASELOADS FOR OCCUPATIONAL THERAPISTS</p> <p>(Must be submitted to the Nevada Department of Education and posted to the district’s website by October 1 in each odd-numbered year)</p> <p>1. Describe the factors used in determining caseloads (check all that apply):</p>			
Geographic considerations such as distance OTs must travel to get to sites		N/A	
Number of students who need services at a given site		N/A	
Number of students who need services in the district		N/A	
Level of intensity of students’ needs		N/A	
Number of OTs employed by the district		N/A	
Number of existing vacancies		N/A	
Other – Describe:		N/A	
N/A			
<p>2. Describe the range of number of pupils with disabilities at different school sites who require services:</p>			
Minimum number of students who receive OT at any given site:		N/A	
Maximum number of students who receive OT at any given site:		N/A	
<p>3. Describe the range of levels of intensity of the services required:</p>			
Number of pupils who receive direct services approximately 1-2 times per week:		N/A	
Number of pupils who receive direct services approximately 1-2 times per month:		N/A	
Number of pupils who receive consultation services approximately 1 time per week:		N/A	
Number of pupils who receive consultation services approximately 1 time per month:		N/A	
<p>4. Describe the availability of appropriately certified assistants to assist with provision of services:</p>			

**Template for Report of Caseloads for Occupational Therapists:**

N/A	
5. Describe the geographic factors that affect the ability of therapists to travel to provide the services (check all that apply and provide a brief description):	
Travel time / distance. Describe:	N/A
N/A	
Weather conditions. Describe:	N/A
N/A	
Other – Describe:	N/A
N/A	
6. Describe the degree to which the district expects occupational therapists to participate in meetings pertaining to the pupils:	
N/A	
7. Provide the number of occupational therapist vacancies experienced by the district in this reporting period:	N/A



**Template for Report of Caseloads for Occupational Therapists:**

8. Describe the efforts made by the district for the recruitment and retention of occupational therapists:
N/A

District State Charter Authority		Nevada State High School	
2-Year Report for Period of	7/1/2019	through	6/30/2021

9. List the number and caseload of each OT employed in this reporting period:
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Full Time Occupational Therapists (OTs)			Part-Time Occupational Therapists (OTs)			
Full-Time Ots (FT OT)	Maximum Caseload	Employee (E) or Contracted (C)	Part-Time OTs (PT OT)	% FTE Worked	Maximum Caseload	Employee (E) or Contracted (C)
FT OT #1	N/A	N/A	PT OT #1	N/A	N/A	N/A
FT OT #2	N/A	N/A	PT OT #2	N/A	N/A	N/A
FT OT #3	N/A	N/A	PT OT #3	N/A	N/A	N/A
FT OT #4	N/A	N/A	PT OT #4	N/A	N/A	N/A
FT OT #5	N/A	N/A	PT OT #5	N/A	N/A	N/A
FT OT #6	N/A	N/A	PT OT #6	N/A	N/A	N/A
FT OT #7	N/A	N/A	PT OT #7	N/A	N/A	N/A
FT OT #8	N/A	N/A	PT OT #8	N/A	N/A	N/A
FT OT #9	N/A	N/A	PT OT #9	N/A	N/A	N/A
FT OT #10	N/A	N/A	PT OT #10	N/A	N/A	N/A
FT OT #11	N/A	N/A	PT OT #11	N/A	N/A	N/A

**Template for Report of Caseloads for Occupational Therapists:**

FT OT #12	N/A	N/A	PT OT #12	N/A	N/A	N/A
FT OT #13	N/A	N/A	PT OT #13	N/A	N/A	N/A
FT OT #14	N/A	N/A	PT OT #14	N/A	N/A	N/A
FT OT #15	N/A	N/A	PT OT #15	N/A	N/A	N/A
FT OT #16	N/A	N/A	PT OT #16	N/A	N/A	N/A
FT OT #17	N/A	N/A	PT OT #17	N/A	N/A	N/A
FT OT #18	N/A	N/A	PT OT #18	N/A	N/A	N/A
FT OT #19	N/A	N/A	PT OT #19	N/A	N/A	N/A

**Template for Report of Caseloads for Physical Therapists:**

District		State Charter Authority/Nevada State High School	
2-Year Report for Period of	7/1/2019	through	6/30/2021
<p><b>REPORT OF CASELOADS FOR PHYSICAL THERAPISTS</b>            (Must be submitted to the Nevada Department of Education and posted to the district's website by October 1 in each odd-numbered year)</p>			
1. Describe the factors used in determining caseloads (check all that apply):			
Geographic considerations such as distance PTs must travel to get to sites		N/A	
Number of students who need services at a given site		N/A	
Number of students who need services in the district		N/A	
Level of intensity of students' needs		N/A	
Number of PTs employed by the district		N/A	
Number of existing vacancies		N/A	
Other – Describe:		N/A	
N/A			
2. Describe the range of number of pupils with disabilities at different school sites who require services:			
Minimum number of students who receive PT at any given site:		N/A	
Maximum number of students who receive PT at any given site:		N/A	
3. Describe the range of levels of intensity of the services required:			
Number of pupils who receive direct services approximately 1-2 times per week:		N/A	
Number of pupils who receive direct services approximately 1-2 times per month:		N/A	
Number of pupils who receive consultation services approximately 1 time per week:		N/A	
Number of pupils who receive consultation services approximately 1 time per month:		N/A	
4. Describe the availability of appropriately certified assistants to assist with provision of services:			
N/A			
5. Describe the geographic factors that affect the ability of therapists to travel to provide the services (check all that apply and provide a brief description):			
Travel time / distance. Describe:		N/A	
N/A			
Weather conditions. Describe:		N/A	

N/A	
Other – Describe:	N/A
N/A	
6. Describe the degree to which the district expects physical therapists to participate in meetings pertaining to the pupils:	
N/A	
7. Provide the number of physical therapist vacancies experienced by the district in this reporting period:	N/A
8. Describe the efforts made by the district for the recruitment and retention of physical therapists:	
N/A	

9. List the number and caseload of each OT employed in this reporting period:

Full Time Physical Therapists (OTs)			Part-Time Physical Therapists (OTs)			
Full-Time PTs (FT PT)	Maximum Caseload	Employee (E) or Contracted (C)	Part-Time PTs (PT PT)	% FTE Worked	Maximum Caseload	Employee (E) or Contracted (C)
FT PT #1	N/A	N/A	PT PT #1	N/A	N/A	N/A
FT PT #2	N/A	N/A	PT PT #2	N/A	N/A	N/A
FT PT #3	N/A	N/A	PT PT #3	N/A	N/A	N/A
FT PT #4	N/A	N/A	PT PT #4	N/A	N/A	N/A
FT PT #5	N/A	N/A	PT PT #5	N/A	N/A	N/A
FT PT #6	N/A	N/A	PT PT #6	N/A	N/A	N/A
FT PT #7	N/A	N/A	PT PT #7	N/A	N/A	N/A
FT PT #8	N/A	N/A	PT PT #8	N/A	N/A	N/A
FT PT #9	N/A	N/A	PT PT #9	N/A	N/A	N/A
FT PT #10	N/A	N/A	PT PT #10	N/A	N/A	N/A
FT PT #11	N/A	N/A	PT PT #11	N/A	N/A	N/A
FT PT #12	N/A	N/A	PT PT #12	N/A	N/A	N/A
FT PT #13	N/A	N/A	PT PT #13	N/A	N/A	N/A
FT PT #14	N/A	N/A	PT PT #14	N/A	N/A	N/A

FT PT #15	N/A	N/A	PT PT #15	N/A	N/A	N/A
FT PT #16	N/A	N/A	PT PT #16	N/A	N/A	N/A
FT PT #17	N/A	N/A	PT PT #17	N/A	N/A	N/A
FT PT #18	N/A	N/A	PT PT #18	N/A	N/A	N/A
FT PT #19	N/A	N/A	PT PT #19	N/A	N/A	N/A
FT PT #20	N/A	N/A	PT PT #20	N/A	N/A	N/A