

Course Substitution Report, Form CSR-01

Please list the number of students who received course substitutions as well as the required course(s), substitution(s) provided, and discipline area (i.e., mathematics) by disability type beginning with the fall semester of the preceding academic year.

Disability	Number of students	Required Course(s)	Substituted Course(s)	Discipline Area
Deaf/Hard of Hearing				
Visual Impairment				
Specific Learning Disability				
Orthopedic Impairment				
Speech/Language Impairment				
Emotional or Behavioral Disability				
Autism Spectrum Disorder				
Traumatic Brain Injury				
Other Health Impairment				

How many requests for course substitutions were requested and how many substitutions were granted during the preceding academic year? (Please list the number of requests per semester starting with the fall semester.)

Semester	Number of substitutions requested	Number of substitutions granted
Fall		
Spring		
Summer		

Website link: <http://www.fldoe.org/fcs/educators/Disability/doc/CourseSubstitutionTemplate.doc>