



**REIMBURSEMENT INFORMATION SECTION**

EE % = \_\_\_\_\_ EE Code: \_\_\_\_\_ (*Educational Environment reflects % of time **INSIDE regular** classroom receiving special education services. \*\*See current FACTS Procedures Manual for more detailed information.*)

Special Ed % = \_\_\_\_\_ EXTENDED SCHOOL YEAR ELIGIBLE:  YES  NO

ANNUAL REVIEW **DUE** DATE: \_\_\_\_\_ RE-EVAL **DUE** DATE: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

**STATE PERFORMANCE PLAN INDICATOR 11 (REQUIRED)**

DATE INITIAL PARENTAL CONSENT FOR EVALUATION WAS SIGNED (MM/DD/YY): \_\_\_\_\_

DATE INITIAL ELIGIBILITY DETERMINATION WAS COMPLETED (MM/DD/YY **within 60 days**): \_\_\_\_\_

REASON (code) SPP 11 IS NOT APPLICABLE:  REASON (code) 60 DAY TIMELINE NOT MET:

FUND CODE:  REASON (code) FOR NOT RECEIVING SERVICES:  FACILITY CODE #:

PRIVATE DAY / RESIDENTIAL FACILITY: \_\_\_\_\_ RESIDENTIAL:  YES  NO  
Name of Facility Attending / Residing At

Who's Paying for Residential Placement: \_\_\_\_\_ Who's Paying for Educational Portion: \_\_\_\_\_

NONPUBLIC / PAROCHIAL PLACEMENT: \_\_\_\_\_  
(Parentally Placed) Name of Nonpublic/Parochial School Attending

Identified Disability (ies)	
Primary	Secondary

Related Services (Select up to 8 options)	

1 to1 Aide Information
1:1's Name: _____
% of Time: _____

**ORPHANAGE FUND REIMBURSEMENT:** (*Please select one code in EACH Section for orphanage claim*)

Residence: \_\_\_\_\_ Guardian: \_\_\_\_\_ Placing Agent: \_\_\_\_\_

**PROGRAM INFORMATION:** Any Student **totally** dropped from special education requires an exit code.

Add	Drop	Teacher/Staff	Serving School	Program Type	Service START / Stop DATE (MM/DD/YY)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Exit Code:

TRANSPORTATION:	**Check which agent is to provide transportation for child:	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> TAXI CAB
FIRST Pick-Up: _____	FIRST Drop: _____	Arrival Time: _____	
SECOND Pick-Up: _____	SECOND Drop: _____	Departure Time: _____	
THIRD Pick-Up: _____	THIRD Drop: _____	Departure Time: _____	
START DATE: _____	STOP DATE: _____		
<b>SPECIAL NEEDS / INSTRUCTIONS:</b> (i.e., wheelchair, harness, aide, health needs, additional pick-up/drop information, specific days of transport, etc.)			