

REIMBURSEMENT INFORMATION SECTION

EE % = _____ EE Code: _____ (**E**ducational **E**nvironment % reflects the time the child is in the general education environment (bell to bell) minus any pull out services. (This may include, but is not limited to special education services).

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.

| <u>Add</u> | <u>Drop</u> | <u>Teacher/Staff</u> | <u>Serving School</u> | <u>Program Type</u> | <u>Service START / Stop DATE</u> (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: <i>**Check which agent is to provide transportation for child:</i> | <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: _____ | |
| SPECIAL NEEDS / INSTRUCTIONS: (i.e., wheelchair, harness, aide, health needs, additional pick-up/drop information, specific days of transport, etc.) | | |