

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.*)

Regular Ed % _____ + Special Ed % = _____ = TOTAL = 100 %

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

****STATE PERFORMANCE PLAN INDICATOR 11**

**DATE INITIAL PARENTAL CONSENT FOR EVALUATION WAS SIGNED (MM/DD/YY): _____

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

FUND CODE: REASON CODE FOR NOT RECEIVING SERVICES:

EXTENDED SCHOOL YEAR ELIGIBILITY: YES NO

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 School Attending

Identified Disability (ies)	
Primary	Secondary

Related Services (Select up to 8 options)	

1:1 Aide Information
1:1 Aide: _____
% of Time: _____

ORPHANAGE FUND REIMBURSEMENT: (Please select one code in EACH Section)

Residence: _____ Guardian: _____ Placing Agent: _____

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

Add	Drop	Teacher/Therapist	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: _____	
SPECIAL NEEDS / INSTRUCTIONS: (i.e., wheelchair, harness, aide, health needs, additional pick-up/drop information, specific days of transport, etc.)		