

# Appendix D: Sample - Intermediate Unit Sign-off Sheet

## December 1, 2011 Child Count Sign-Off Process

- 1) All export (electronic transfer) files must be submitted to the PaSDC by 3:00 p.m. on **December 7, 2011**. No exceptions. Send files to penndata@psu.edu
- 2) Files will be reviewed and checked for accuracy and error logs will be sent to IUs.
- 3) All file corrections must be completed by **December 14, 2011**.
- 4) **Once all files have been received and corrected**, duplicate reports will be sent to the Intermediate Units. Resolution of duplicates should be sent to PaSDC by 3:00 p.m. on **December 19, 2011 unless otherwise specified by PaSDC**.
- 5) **Once all duplicates are resolved** the following reports will be sent to each IU for verification.

Verify 1 by IU and LEA:

Disability by Age (3-21)

Disability by Race

Disability by Gender

Disability by LEP

Verify 2 by IU and LEA:

Disability (School Age)

Verify 3 by IU and LEA

Ages 3 – 6 (Early Intervention)

Verify 4 by IU and LEA (School Age)

Educational Environment by Disability

Educational Environment by Race

Educational Environment by Gender

Educational Environment by LEP

Verify 5 by IU and LEA (Early Intervention)

Educational Environment by Disability

Educational Environment by Race

Educational Environment by Gender

Educational Environment by LEP

6) Intermediate Units should print the verification reports for review. In addition, they should print off the Authorization Form for signature by the IU Executive Director. **Boxes for each Verify Report should be checked.**

7) The Authorization Form should be faxed to the PaSDC by 3:00 p.m. **January 6, 2012 unless otherwise specified by PaSDC.** The fax number is: 717-948-6754

Original authorization form and copies of the 1<sup>st</sup> page of each report should reach the PaSDC at the following address by **January 13, 2012 unless otherwise specified by PaSDC.**

Pennsylvania State Data Center  
Institute of State and Regional Affairs  
Penn State Harrisburg  
777 West Harrisburg Pike  
Middletown, PA 17057-4898

8) The PaSDC will create a statewide report for submission to PDE by **January 13, 2012.**

9) Original authorization letters and individual IU reports will be printed, copied and filed by the PaSDC.

**NOTE: At the request of an IU, PSU will send a verification file that includes: PaSecureID/Student ID (EI Preschool Program Only), Last Name, First Name, Middle Name or Initial, Birth Date, Disability Category, Grade, School District AUN and School District Name**

## Authorization Form for December Submission

Check ONE of the following two groups of Verify Reports:

\_\_ I have reviewed the Reports marked below for Intermediate Unit \_\_\_\_\_ and affirm that they are correct. I understand this information will be submitted to the Pennsylvania Department of Education for reporting purposes to the U.S. Department of Education.

Verify 1 by IU and LEA:

- Disability by Age (3-21)
- Disability by Race
- Disability by Gender
- Disability by LEP

Verify 2 by IU and LEA:

- Disability (School Age)

Verify 3 by IU and LEA:

- Ages 3-6 (Early Intervention)

Verify 4 by IU and LEA (School Age):

- EE by Disability
- EE by Race
- EE by Gender
- EE by LEP

Verify 5 by IU and LEA (Early Intervention):

- EE by Disability
- EE by Race
- EE by Gender
- EE by LEP

**OR**

\_\_ I have reviewed the Reports marked below for Intermediate Unit \_\_\_\_ and affirm that they are acceptable with the corrections attached. I understand this information will be submitted to the Pennsylvania Department of Education for reporting purposes to the U.S. Department of Education.

Verify 1 by IU and LEA:

- Disability by Age (3-21)
- Disability by Race
- Disability by Gender
- Disability by LEP

Verify 2 by IU and LEA:

- Disability (School Age)

Verify 3 by IU and LEA:

- Ages 3-6 (Early Intervention)

Verify 4 by IU and LEA (School Age):

- EE by Disability
- EE by Race
- EE by Gender
- EE by LEP

Verify 5 by IU and LEA (Early Intervention):

- EE by Disability
- EE by Race
- EE by Gender
- EE by LEP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name and Title printed

### **July Submission Sign-Off Process**

- 1) All export (electronic transfer) files must be submitted to the PaSDC by 3:00 p.m. on **July 11, 2012**. No exceptions. Send files to penndata@psu.edu
- 2) Files will be reviewed and checked for accuracy and error logs will be sent to IUs.
- 3) All file corrections must be completed by **July 16, 2012**.
- 4) **Once all corrections have been processed, reports for Table 1 through Table 13 will be sent to each IU for verification.**
- 5) **Intermediate Units should print the verification reports for review. In addition, they should print off the Authorization Form for signature by the IU Executive Director. Boxes for Table 1 through Table 13 should be checked.**
- 6) The Authorization Form should be faxed to the PaSDC by 3:00 p.m. **August 6, 2012 unless otherwise specified by PaSDC**. The fax number is: 717-948-6754

Original authorization form and copies of the 1<sup>st</sup> page of each report should reach the PaSDC at the following address by **August 13, 2012 unless otherwise specified by PaSDC**.

Pennsylvania State Data Center  
Institute of State and Regional Affairs  
Penn State Harrisburg  
777 West Harrisburg Pike  
Middletown, PA 17057-4898

- 7) The PaSDC will create a statewide report for submission to PDE by **August 27, 2012**.
- 8) Original authorization letters and individual IU reports will be printed, copied and filed by the PaSDC.

**NOTE: At the request of an IU, PSU will send a verification file that includes: : PaSecureID/Student ID (EI Preschool Program Only), Last Name, First Name, Middle Name or Initial, Birth Date, Disability Category, Grade, School District AUN and School District Name**

## Authorization Form for July Submission

**Check ONE of the following two groups of Verify Reports:**

\_\_ I have reviewed the Reports marked below for Intermediate Unit \_\_\_\_\_ and affirm that they are correct. I understand this information will be submitted to the Pennsylvania Department of Education for reporting purposes to the U.S. Department of Education.

- |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Table 1 | <input type="checkbox"/> Table 6  | <input type="checkbox"/> Table 10 |
| <input type="checkbox"/> Table 2 | <input type="checkbox"/> Table 7  | <input type="checkbox"/> Table 11 |
| <input type="checkbox"/> Table 3 | <input type="checkbox"/> Table 8A | <input type="checkbox"/> Table 12 |
| <input type="checkbox"/> Table 4 | <input type="checkbox"/> Table 9  | <input type="checkbox"/> Table 13 |
| <input type="checkbox"/> Table 5 |                                   |                                   |

***OR***

\_\_ I have reviewed the Reports marked below for Intermediate Unit \_\_\_\_\_ and affirm that they are acceptable with the corrections attached. I understand this information will be submitted to the Pennsylvania Department of Education for reporting purposes to the U.S. Department of Education.

- |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Table 1 | <input type="checkbox"/> Table 6  | <input type="checkbox"/> Table 10 |
| <input type="checkbox"/> Table 2 | <input type="checkbox"/> Table 7  | <input type="checkbox"/> Table 11 |
| <input type="checkbox"/> Table 3 | <input type="checkbox"/> Table 8A | <input type="checkbox"/> Table 12 |
| <input type="checkbox"/> Table 4 | <input type="checkbox"/> Table 9  | <input type="checkbox"/> Table 13 |
| <input type="checkbox"/> Table 5 |                                   |                                   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title printed