

Intermediate Unit Sign-off Sheet

December 1 Child Count Sign-Off Process

- 1) To be included in the Preliminary Comparison Reports, error-free files must be submitted to the SpotChecker by 4:00 p.m. on **12/4/2015**.
- 2) The PaSDC will send Preliminary Comparison Reports for review only and possible duplicates **as files are available by IU** or by **12/11/2015**.
- 3) The LEAs will upload the files to PIMS by **12/14/2015**.
- 4) The PaSDC will send Final Comparison Reports by **2/12/2016**. Comparison Report resolutions **are due one week from receipt of reports**.
- 5) Once all corrections have been processed, Verify Reports will be sent to each IU for verification by **2/26/2016**. The IUs should print off the Authorization Form for signature by the IU Executive Director or his/her designee. The appropriate boxes should be checked.
- 6) The Authorization Form should be faxed to PaSDC by 3:00 p.m. on **3/4/2016 unless otherwise specified by PaSDC**. The fax number is: 717-948-6754

Original authorization form and copies of the 1st page of each report should reach the PaSDC at the following address by **3/11/2016 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.
- 8) Original authorization letters and individual IU reports will be printed, copied and filed by the PaSDC.

Authorization Form for December 1 Child Count

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 by LEA (3-21)

- Disability by Age
- Disability by Race
- Disability by Gender
- Disability by LEP

Verify 2 by IU and LEA (1 Report per IU)

- Disability (School Age)

Verify 3 by IU and LEA (1 Report per IU)

- Ages 3-6 (Preschool)

Verify 4 by IU and by LEA (School Age)

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

Verify 5 by IU and by LEA (Preschool)

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

Verify 6 Total Count by IU and LEA (1 Report per IU)

- Special Education Enrollment by PS, SA and Total

Verify Table 14 by IU and LEA (1 Report per LEA)

- Parentally Placed with an Equitable Service Plan

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 by LEA (3-21)

- Disability by Age
- Disability by Race
- Disability by Gender
- Disability by LEP

Verify 2 by IU and LEA (1 Report per IU)

- Disability (School Age)

Verify 3 by IU and LEA (1 Report per IU)

- Ages 3-6 (Preschool)

Verify 4 by IU and by LEA (School Age)

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

Verify 5 by IU and by LEA (Preschool)

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

Verify 6 Total Count by IU and LEA (1 Report per IU)

- Special Education Enrollment by PS, SA and Total

Verify Table 14 by IU and LEA (1 Report per IU)

- Parentally Placed with an Equitable Service Plan

Signature

Date

Name and Title printed