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 12/14/2017.

2) The PaSDC will send Preliminary Comparison Reports for review only and possible duplicates as files are available by IU.

3) The LEAs will upload the files to PIMS by 12/18/2017.

4) The PaSDC will send Final Comparison Reports by on a weekly basis when files are downloaded from PIMS. 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 2/26/2018. 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 scanned and emailed to penndata@psu.edu, or faxed to fax number 717-948-6754, by 3:00 p.m. on 3/5/2018 unless otherwise specified by PaSDC.

    Original authorization form and copies of the 1st page of each report should reach the PaSDC at the following address by 3/12/2018 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

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 LEA)
- Parentally Placed with an Equitable Service Plan

Signature ____________________________ Date ____________________________

Name and Title printed