<u>Authorization Form for December 1 Child Count</u>

Verify 1 by IU and by LEA (3-21)	Verify 4 by IU and by LEA (School Age)	Verify 6 Total Count by IU and LEA
Disability by Age	□ EE by Disability	(1 Report per IU)
☐ Disability by Race	□ EE by Race	□ Special Education Enrollment by PS, SA
 Disability by Gender 	□ EE by Gender	and Total
☐ Disability by LEP	□ EE by LEP	Verify Tables 1-3 by IU
Verify 2 by IU and LEA (1 Report per IU)	Verify 5 by IU and by LEA (Preschool)	Personnel N. 10 T. 11 1411
☐ Disability (School Age)	□ EE by Disability	Verify Table 14 by IU and LEA (1 Report per
Verify 3 by IU and LEA(1 Report per IU)	□ EE by Race	LEA)
☐ Ages 3-6 (Preschool)	□ EE by Gender	□ Parentally Placed in Private School
	□ EE by LEP	Determined Eligible under IDEA Regulations
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	r Intermediate Unit and affirm that they ar the Pennsylvania Department of Education for re	e acceptable with the corrections attached. I porting purposes to the U.S. Department of
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