

## Authorization Form for December 1 Child Count

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 in Private School Determined Eligible under IDEA Regulations

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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