

**2017-2018 SPECIAL EDUCATION CLASSROOM TEACHER (PIMS & TYLER) FORM**

<b>Teacher</b>		<b>Student Full Name (Jr. Sr. II III) (No Nick Names)</b>		<b>DOB</b>	<b>Gender</b>	<b>Grade</b>
1		2		3 (MM-DD-YY)	4 <input type="checkbox"/> M <input type="checkbox"/> F	5 <input type="checkbox"/> KH/AM <input type="checkbox"/> KH/PM <input type="checkbox"/> KF <input type="checkbox"/> State grade # 1-12
<b>Building (Name)</b>	<b>District Attend</b>	<b>District of Parent District of Student</b>	<b>Billing Exceptionality</b>		<b>% of Time in Regular Ed</b>	
6	7	8 _____	10		11	
	<b>Date Entered (MM-DD-YY)</b>		<b>Date Withdrew (MM-DD-YY)</b> must check *Reason for Withdraw	<b>*Reason for Withdrawal check one</b>		
	12		13	14 <input type="checkbox"/> Left w/o transferring/dropped out <input type="checkbox"/> Transferred to another public LEA <input type="checkbox"/> Transferred to private/nonpublic school out of PA or out of US <input type="checkbox"/> Graduated or GED <input type="checkbox"/> Changed school/grade within LEA <input type="checkbox"/> Deceased <input type="checkbox"/> Exit due to maximum/age complete <input type="checkbox"/> Exit due to maximum/age did not complete <input type="checkbox"/> Hospitalization <input type="checkbox"/> Suspension <input type="checkbox"/> Enrolled did not show		
<b>Parent (s) Name (please print)</b>		<small>Neighborhood School</small> <b>Home district school BUILDING</b> student would attend if <u>not</u> in an IU program				
15		16		17 Free <input type="checkbox"/> Reduced <input type="checkbox"/> N/A <input type="checkbox"/>		
<b>Parent's Address (please print)</b>			<b>Phone Number</b>	<b>Service Type</b>		
18			19	20 <input type="checkbox"/> Chapter 14 <input type="checkbox"/> MAWA/EI <input type="checkbox"/> Chapter 15 <input type="checkbox"/> Infant/Toddler		
<b>Foster Home/1305 If yes, Foster Parent Address/Phone #</b>		<b>CLA/1306 If yes, CLA Address/Phone #</b>			<b>23 Post graduate/dropout activity</b>	
21 <input type="checkbox"/> Yes <input type="checkbox"/> No		22 <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 110 Farm Worker <input type="checkbox"/> 120 Homemaker <input type="checkbox"/> 130 Military <input type="checkbox"/> 140 White Collar Worker <input type="checkbox"/> 150 Blue Collar Worker <input type="checkbox"/> 160 Service Worker <input type="checkbox"/> 170 Unemployed <input type="checkbox"/> 180 Unknown <input type="checkbox"/> 998 GED/Other Education <input type="checkbox"/> College 2 or 4 year	
<b>Race/Ethnicity check only one</b>	<b>Residency check one</b>	<b>Limited English Proficient Is English used as a <u>second</u> language?</b>	<b>Special Education</b>			
24 <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian /Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial	25 <input type="checkbox"/> Resident (lives with parent) <input type="checkbox"/> Ward of State <input type="checkbox"/> 1306 (inst.,group home, etc) <input type="checkbox"/> 1305 (foster home) <input type="checkbox"/> 1302 (living with adult other than parent) <input type="checkbox"/> Homeless <input type="checkbox"/> Immigrant	26 <input type="checkbox"/> Yes <input type="checkbox"/> No  28 <b>Length of School Day Hours/Minutes</b> Full day _____ Half day _____ Other _____ Vo-Tech _____	27 <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>% of time receiving this service</b> _____			
<b>Planned Participation in PSSA/PASA/Keystone: check one</b>		29a <b>IS the student's Parent or Guardian an active duty member of a branch of the US Armed Forces (Army, Navy, Air Force, Marine Corps., Coast Guard, including full time in the National Guard) _____ YES _____ NO</b>		<b>Send form to your Supervisor for signature. SUPERVISOR – please send copies to Carolyn Moore &amp; Mary Sternthal.</b>		
29 <input type="checkbox"/> Part. In PSSA <input type="checkbox"/> PASA (PA. Alternate Statewide Assessment) <input type="checkbox"/> Part. in PSSA with Accommodations <input type="checkbox"/> Religious Exemption <input type="checkbox"/> Keystone <input type="checkbox"/> Keystone with Accommodations						

# PENN DATA TRACKING INFORMATION

<b>Primary Disability</b> (stated on ER) check one	<b>Secondary Disability</b> (stated on ER) if applicable, check one	<b>LRE: location of intervention</b> check one
<input type="checkbox"/> Autism <span style="float: right;"><b>30</b></span> <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Hearing Impairment including deafness <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment including blindness	<input type="checkbox"/> Autism <span style="float: right;"><b>31</b></span> <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Gifted <input type="checkbox"/> Hearing Impairment including deafness <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech or Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment including blindness	<input type="checkbox"/> Inside the regular classroom 80% or more of the day <span style="float: right;"><b>32</b></span> <input type="checkbox"/> Inside the regular classroom 79-40% of the day <input type="checkbox"/> Inside the regular classroom less than 40% of the day <input type="checkbox"/> Other private separate facility (non-residential) <input type="checkbox"/> Other private facility (residential) <input type="checkbox"/> Public separate facility (residential) <input type="checkbox"/> Public separate facility (non-residential) <input type="checkbox"/> Hospital/home bound (temporary placement) <input type="checkbox"/> Correctional facility <input type="checkbox"/> Out of state facility <input type="checkbox"/> Instruction conducted in the home (permanent placement) <input type="checkbox"/> Approved private school (non-residential) <input type="checkbox"/> Approved private school (residential)
<b>Type of Support and Service</b> <b>Primary Assignment</b> – check one support <u>and</u> one service	<b>Required Dates</b>	<b>Related Services/Supplementary Aids and Service</b> multiple choices possible – check all that apply <b><u>ONLY CHECK AS LISTED ON IEP</u></b>
<input type="checkbox"/> Learning <span style="float: right;"><b>33</b></span> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Life Skills  <input type="checkbox"/> Emotional  <input type="checkbox"/> Deaf-Hearing Impaired  <input type="checkbox"/> Blind/Visually Impaired  <input type="checkbox"/> Speech and Language  <input type="checkbox"/> Physical  <input type="checkbox"/> Autistic  <input type="checkbox"/> Multi-Disabilities           </div> <div style="width: 35%;"> <input type="checkbox"/> Itinerant 0-20%  <input type="checkbox"/> Supplemental 21-79%  <input type="checkbox"/> Full-Time 80-100%           </div> </div>	<b>(MM-DD-YY)</b> <span style="float: right;"><b>34</b></span> IEP Dev Date _____ IEP Imp Date _____ NOREP _____ ER Date _____ IEP Revision Date _____	<input type="checkbox"/> Transportation – <b>special service only</b> <span style="float: right;"><b>35</b></span> <input type="checkbox"/> Audiological Services <input type="checkbox"/> Psychological Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Counseling Services <input type="checkbox"/> School Health Services <input type="checkbox"/> Social Work Services <input type="checkbox"/> Parent Counseling/Training <input type="checkbox"/> Speech and Language Pathology/Therapy <input type="checkbox"/> Adaptive Physical Education <input type="checkbox"/> Behavior Intervention Program <input type="checkbox"/> Assistive Technology Devices and Services <input type="checkbox"/> Rehabilitation Counseling <input type="checkbox"/> Interpreter <input type="checkbox"/> Orientation and Mobility <input type="checkbox"/> Mental Health Services Provided by Other than the IU/SD <input type="checkbox"/> Personal Care Assistant (one on one support for student) <input type="checkbox"/> Personal Care Assistance (support provided periodically in the day) <input type="checkbox"/> LPN/Aide – Nursing Services <input type="checkbox"/> Other
<b>Transition Code</b> (multiple responses possible) Required for students 14 years old during the duration of the IEP	<b>NEW IEP DATE ITINERANTS ONLY</b>	
<input type="checkbox"/> Post Secondary Education & Training Outcomes <span style="float: right;"><b>36</b></span> <input type="checkbox"/> Employment Outcome <input type="checkbox"/> Independent Living Outcome, if appropriate		

Signature of Person Filling out Form \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_