

Date:	
Evaluation Only:	☐ Yes ☐ No

CLIU21 SCHOOL AGE ENTRY/WITHDRAWAL/EVALUATION FORM

Student Name		Gende:	r Male Fen	nale DOB:
Student Address	City		Zip	
Check if Student's pick up/drop off location	on is different tl	han Student Address.		
Student District of Residence			Grade	Half Day Yes No
Parent Name			Phone No.	
Parent address if different			_Cell Phone No	
Parent District of Residence			PA Secure ID	
Transition (age 14 or older) ☐ Post-Secondary Education and/Training Goals ☐ Employment Goal ☐ Independent Living Goal, if appropriate Neighborhood School ☐ Student attending neighborhood school ☐ Student NOT attending neighborhood school — Required Special Education — Supports and Services ☐ Student NOT attending neighborhood school — Other reasons	☐ Black or Aff ☐ Hispanic ☐ White (non ☐ Multiracial ☐ Asian ☐ Native Haw	ndian/Alaskan Native rican American Hispanic) aiian or other Pacific Islander	Residency Foster - 130 Group Home Ward of the Guardian - 1 504 Yes No	e - 1306 State
☐ Intellectual Disability ☐ Multiple Disabilities ☐ Orthopedic Impairment ☐ Other Health Impairments	Secondary	Type of Support Autistic Blind or Visually Impaired Deaf or Hearing Impaired Emotional Gifted Learning Life Skills Multiple Disabilities Behavioral Functional Physical Speech and Language Educational Environment Inside the regular class 80% or Inside regular class less than 4 Public separate facility (non re	(LRE%) r more of the day nan 79% of day and no le 0% of the day	d Environment Percentage
ER			IU Program	yezh ar
IEP DEV		mr. Data		ımber
IEP IMP				W
NOREP	_ willidrawal/f	Exit Date	Keason Code	W

			TRAN	SPORTATI	ON	
Status New	☐ Change ☐	Remove			Date Reques	sted to Start
Days Requested:			M 🔲 Tu	□ W □ Th	F	Time: AM PM
Mobility Assistance:	☐ Nurse Require			rse Optional for		☐ Aide Required by IEP
			arness/Vest			on in wheelchair?
Seizure Disorder/Prot			arriess/ vest		is student transportation	on in wheelenan. If ies I ive
NOTES: Please include additional contact info	NOTES: Please include medical, behavior, half day locations, other students needs, other addresses for pick up/drop off, air conditioning requirements, additional contact information, preferred method of communication and/or notes about changes.)					

		RELATED S	ERVICES			
	Mins/Wk	Start Date	Change Date	Discontinued Date	Staff Name	
There are no related services for this student (excluding Transportation)	IVIIII3/ VV K	Start Date	Change Date	Date	Starr Name	
☐ Audiological						
☐ Interpreter						
☐ Hearing						
☐ Occupational Therapy						
☐ Orientation and Mobility						
☐ Physical Therapy						
☐ Speech and Language Pathology/Therapy						
☐ Vision						
Adapted Physical Education						
Work Based Learning						
(Elementary must rec		BILLING INFO f 1500 minutes of in		secondary 1650 mir	autes per week.)	
Subjects taught by Regular Ed. Teacher (requ	Subjects taught by Regular Ed. Teacher (required for PVAAS):					
Total minutes of instruction per week available t Total minutes per week by the regular education						
Total minutes per week by the regular education: Total minutes per week in Special Education:		_				
Percentage of time spent in Special Education:						
(For billing, WBL, CBI, Lunch, Recess and Hall		re Special Education	time.)			
		_		-		· ·
Supervisor's Signature				Date		

EVALUATION REPORT

Date of Evaluation:					
Type of Evaluation:					
Therapist:					
APD	(Please enter name of Therapist)	total # of minutes per Evaluation:			
Audiology	(Please enter name of Therapist)	total # of minutes per Evaluation:			
_	(Please enter name of Therapist)				
Hearing	(Please enter name of Therapist)	total # of minutes per Evaluation:			
□ OT	(Please enter name of Therapist)	total # of minutes per Evaluation:			
☐ O&M		total # of minutes per Evaluation:			
	(Please enter name of Therapist)				
☐ PT	(Please enter name of Therapist)	total # of minutes per Evaluation:			
Speech	(Please enter name of Therapist)	total # of minutes per Evaluation:			
☐ Vision	(Please enter name of Therapist)	total # of minutes per Evaluation:			
Send Reports to District:					
☐ Main File (Original)	☐ Emailed	to District			
☐ Mailed to District	Other _				

14-15 Enrollment Codes - PIMS Manual Appendix E Crosswalk from 13-14 School Entry/Withdrawal codes

13-14 Entry	codes not collected in 14-15	R1 – Room change			
		R10 – Residency status change			
13-14 Withdrawal codes not collected in 14-15 W1 – Room change					
		W19 – Curriculum change			
		W21 – Residency status change			
14-15	14-15 Description				
code					
E01	Entry: Student enrolled in this local education a	gency (LEA) or re-enters the local education agency (LEA)			
R11	Student reenters same school/location within t	he same LEA			
R12	Student enters a different school/location code	within the same LEA			
WD01	Student left school without transferring or drop	pped out:			
	a. Moved from district and/or to another	state, not known to be in school (W4)			
	b. Quit school (W6)				
		or joined Job Corp without secondary education (W7)			
	d. Issued Farm or Domestic Service Exemp				
	-	ce, Job Corps, corrections, etc. and does not offer a secondary education			
	f. Attended Kindergarten and withdrew (W14)			
	g. Whereabouts unknown (W16A) h. Kidnapped student (W16B)				
	i. Expelled and their term of suspension or expulsion is over or expelled with NO option to return				
	j. Lacks proper immunization (W18)				
WD02	Student transferred to another public local educating agency (LEA):				
	a. Moved from district & known to be in school (W4)				
	b. Transferred to or is reported by another LEA (W5)				
	c. NOT in school but known to be expelled and enrolled in another school and/or district				
	d. Committed to correctional institution (W12)				
WD03	Student transferred to a private local educating agency (LEA) or out of the state of PA, or out of the United States:				
	a. Or transferred to a home schooling program				
	 Attends postsecondary institution, or an institution that is NOT primarily academic (military, possibly Job Corps, corrections, etc.) and offers a secondary education program 				
	c. Verified physically or mentally incapacitated				
	d. Is not in school but known to be suffering long-term illness and NOT receiving education services (residential drug				
	treatment, severe physical or mental ill				
	e. Is not in school but known to be planning to enroll late (e.g., extended family vacation, seasonal work)				
	f. Expelled and their term of suspension or expulsion is NOT yet over				
	g. Attends postsecondary institution (early college);				
WD04	Student fulfilled graduation requirements				
WD06	Student deceased				
WD09	Student enrolled but did not show: a. Status is unknown				
WD11	Student withdraws but stays in same school/loc	cation within the same IU			
WD12	Student withdraws resulting in a change in scho				
WD99	Enrollment date correction:				
	a. Location code, enrollment date, and gr	ade level must match an existing entry record.			
	b. Only to be used if an entry enrollment	date is to be corrected in School Enrollment template. Example: Sent to PIMS an			
	entry school enrollment record for loca	ation code 1234, enrollment code = E1 and enrollment date = 2014-09-01. The			
		4-09-05. Send two (2) school enrollment records to PIMS – one to withdraw			
	(WD99) the enrollment date =2014-09-	01 and one to re-enter (E01) the student on the correct date of 2014-09-05.			