





## TRANSPORTATION

Status ☐ New ☐ Change ☐ Remove

Date Requested to Start \_\_\_\_\_

<b>Days Requested:</b>	<input type="checkbox"/> M-F	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<b>Time:</b>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<b>Mobility Assistance:</b>	<input type="checkbox"/> Nurse Required for Transport		<input type="checkbox"/> Nurse Optional for Transport			<input type="checkbox"/> Aide Required by IEP			
	<input type="checkbox"/> Car Seat	<input type="checkbox"/> Booster Seat	<input type="checkbox"/> Harness/Vest	<input type="checkbox"/> Wheelchair - Is student transportation in wheelchair?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Walker	
<b>Seizure Disorder/Protocol:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								

**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 SERVICES**

	Mins/Wk	Start Date	Change Date	Discontinued Date	Staff Name
<input type="checkbox"/> There are no related services for this student (excluding Transportation)					
<input type="checkbox"/> Audiological					
<input type="checkbox"/> Interpreter					
<input type="checkbox"/> Hearing					
<input type="checkbox"/> Occupational Therapy					
<input type="checkbox"/> Orientation and Mobility					
<input type="checkbox"/> Physical Therapy					
<input type="checkbox"/> Speech and Language Pathology/Therapy					
<input type="checkbox"/> Vision					
<input type="checkbox"/> Adapted Physical Education					

Work Based Learning ☐ Yes ☐ No**BILLING INFORMATION**

(Elementary must receive a minimum of 1500 minutes of instruction per week; secondary 1650 minutes per week.)

**Subjects taught by Regular Ed. Teacher (required for PVAAS):**

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Total minutes of instruction per week available to students: \_\_\_\_\_

Total minutes per week by the regular education teacher: \_\_\_\_\_

Total minutes per week in Special Education: \_\_\_\_\_

Percentage of time spent in Special Education: \_\_\_\_\_ %

(For billing, WBL, CBI, Lunch, Recess and Hallway Transitions are Special Education time.)

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



## EVALUATION REPORT

**Date of Evaluation:** \_\_\_\_\_

**Type of Evaluation:** ☐ EI ☐ School Age

**Therapist:**

<input type="checkbox"/> APD	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	
<input type="checkbox"/> Audiology	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	
<input type="checkbox"/> Hearing	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	
<input type="checkbox"/> OT	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	
<input type="checkbox"/> O&M	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	
<input type="checkbox"/> PT	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	
<input type="checkbox"/> Speech	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	
<input type="checkbox"/> Vision	_____	total # of minutes per Evaluation: _____
	<i>(Please enter name of Therapist)</i>	

**Send Reports to District:** \_\_\_\_\_

<input type="checkbox"/> Main File (Original)	<input type="checkbox"/> Emailed to District _____
<input type="checkbox"/> Mailed to District _____	<input type="checkbox"/> 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
<b>14-15 code</b>	<b>14-15 Description</b>
<b>E01</b>	Entry: Student enrolled in this local education agency (LEA) or re-enters the local education agency (LEA)
<b>R11</b>	Student reenters same school/location within the same LEA
<b>R12</b>	Student enters a different school/location code within the same LEA
<b>WD01</b>	Student left school without transferring or dropped out: <ul style="list-style-type: none"> <li>a. Moved from district and/or to another state, not known to be in school (W4)</li> <li>b. Quit school (W6)</li> <li>c. Issued General Employment Certificate or joined Job Corp without secondary education (W7)</li> <li>d. Issued Farm or Domestic Service Exemption Permit (W8)</li> <li>e. Drafted or enlisted in the military service, Job Corps, corrections, etc. and does not offer a secondary education</li> <li>f. Attended Kindergarten and withdrew (W14)</li> <li>g. Whereabouts unknown (W16A)</li> <li>h. Kidnapped student (W16B)</li> <li>i. Expelled and their term of suspension or expulsion is over or expelled with NO option to return</li> <li>j. Lacks proper immunization (W18)</li> </ul>
<b>WD02</b>	Student transferred to another public local educating agency (LEA): <ul style="list-style-type: none"> <li>a. Moved from district &amp; known to be in school (W4)</li> <li>b. Transferred to or is reported by another LEA (W5)</li> <li>c. NOT in school but known to be expelled and enrolled in another school and/or district</li> <li>d. Committed to correctional institution (W12)</li> </ul>
<b>WD03</b>	Student transferred to a private local educating agency (LEA) or out of the state of PA, or out of the United States: <ul style="list-style-type: none"> <li>a. Or transferred to a home schooling program</li> <li>b. Attends postsecondary institution, or an institution that is NOT primarily academic (military, possibly Job Corps, corrections, etc.) and offers a secondary education program</li> <li>c. Verified physically or mentally incapacitated</li> <li>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 illness)</li> <li>e. Is not in school but known to be planning to enroll late (e.g., extended family vacation, seasonal work)</li> <li>f. Expelled and their term of suspension or expulsion is NOT yet over</li> <li>g. Attends postsecondary institution (early college);</li> </ul>
<b>WD04</b>	Student fulfilled graduation requirements
<b>WD06</b>	Student deceased
<b>WD09</b>	Student enrolled but did not show: <ul style="list-style-type: none"> <li>a. Status is unknown</li> </ul>
<b>WD11</b>	Student withdraws but stays in same school/location within the same IU
<b>WD12</b>	Student withdraws resulting in a change in school/location within the same IU
<b>WD99</b>	Enrollment date correction: <ul style="list-style-type: none"> <li>a. Location code, enrollment date, and grade level must match an existing entry record.</li> <li>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 location code 1234, enrollment code = E1 and enrollment date = 2014-09-01. The enrollment date should have been 2014-09-05. 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.</li> </ul>