



Date: _____
 Evaluation Only: Yes No

CLIU21 SCHOOL AGE ENTRY/WITHDRAWAL/EVALUATION FORM

Student Name _____ Gender male female Date of Birth _____

Student Address _____ City _____ Zip _____

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

- Ethnic Background**
- American Indian/Alaskan Native
 - Black or African American
 - Hispanic
 - White (non Hispanic)
 - Multiracial
 - Asian
 - Native Hawaiian or other Pacific Islander

- Residency**
- Foster - 1305
 - Group Home - 1306
 - Ward of the State
 - Guardian - 1302

- Neighborhood School**
- Student attending neighborhood school
 - Student NOT attending neighborhood school - Required Special Education Supports and Services
 - Student NOT attending neighborhood school - Other reasons

- 504**
- Yes
 - No

MAJOR ASSIGNMENT

- Service plan** for Students in Non Public Schools (leave blank if student has an IEP) _____ (date)
- Student does not have IEP or Service Plan

- | Primary | Disability Category | Secondary |
|--------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> | Autism | <input type="checkbox"/> |
| <input type="checkbox"/> | Deaf-Blindness | <input type="checkbox"/> |
| <input type="checkbox"/> | Emotional disturbance | <input type="checkbox"/> |
| <input type="checkbox"/> | Gifted without disability | <input type="checkbox"/> |
| <input type="checkbox"/> | Hearing impairment including deafness | <input type="checkbox"/> |
| <input type="checkbox"/> | Mental retardation | <input type="checkbox"/> |
| <input type="checkbox"/> | Multiple Disabilities | <input type="checkbox"/> |
| <input type="checkbox"/> | Orthopedic impairment | <input type="checkbox"/> |
| <input type="checkbox"/> | Other health impairments | <input type="checkbox"/> |
| <input type="checkbox"/> | Specific Learning Disability | <input type="checkbox"/> |
| <input type="checkbox"/> | Speech or language impairment | <input type="checkbox"/> |
| <input type="checkbox"/> | Traumatic brain injury | <input type="checkbox"/> |
| <input type="checkbox"/> | Visual impairment including blindness | <input type="checkbox"/> |

- Type of Support**
- Autistic
 - Blind or Visually Impaired
 - Deaf or Hearing Impaired
 - Emotional
 - Gifted
 - Learning
 - Life Skills
 - Multiple Disabilities
 - Physical
 - Speech and Language

- Transportation**
- IU
 - District
 - Other

Regular Ed Environment Percentage
 (LRE%) _____

- Educational Environment**
- Inside the regular class 80 % or more of the day
 - Inside regular class no more than 79% of day and no less than 40% of the day
 - Inside regular class less than 40% of the day
 - Public separate facility (non residential)

- Amount of Special Education**
- Itinerant
 - Supplemental
 - Full-time
 - Gifted

ER _____ Building _____ Homeroom Number _____

IEP DEV _____ Teacher _____ Classroom Phone _____

IEP IMP _____ Entry/Re-entry date _____ Reason Code _____

NOREP _____ Withdrawal/Exit Date _____ Reason Code W

TRANSPORTATION

Status <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	Date Requested _____
Days Requested: <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	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Mobility Assistance: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Aide Required by IEP	



NOTES (medical, behavior, half day locations, Other students needs and/or notes about changes):

RELATED SERVICES

	Mins/Wk	Start Date	Change Date	Discontinued Date	Staff Name
<input type="checkbox"/> There is 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					
	# of Sessions	Start Date	Change Date	Discontinued Date	Staff Name
<input type="checkbox"/> Independent Community Travel					

Work Based Learning Yes No

BILLING INFORMATION

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

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

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, WBLP, CBI, Lunch, Recess and Hallway Transitions are Special Education time.)

Supervisor's Signature _____ Date _____



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 code	14-15 Description
E01	Entry: Student enrolled in this local education agency (LEA) or re-enters the local education agency (LEA)
WD01	Student left school without transferring or dropped out: <ul style="list-style-type: none"> a. Moved from district and/or to another state, not known to be in school (W4) b. Quit school (W6) c. Issued General Employment Certificate or joined Job Corp without secondary education (W7) d. Issued Farm or Domestic Service Exemption Permit (W8) e. Drafted or enlisted in the military service, 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): <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. Or transferred to a home schooling program b. 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 illness) 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
WD05	Student changes schools (location code) within the local education agency(LEA) or changes grade level
WD06	Student deceased
WD07	Student exited due to maximum age and completed
WD08	Student exited due to maximum age and did not complete
WD09	Student enrolled but did not show: <ul style="list-style-type: none"> a. Status is unknown
WD99	Enrollment date correction: <ul style="list-style-type: none"> a. Location code, enrollment date, and grade 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 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.



EVALUATION REPORT

Date of Evaluation: _____

Type of Evaluation: EI School Age

Therapist:

APD _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

Audiology _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

Hearing _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

OT _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

O&M _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

PT _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

Speech _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

Vision _____ total # of minutes per Evaluation: _____
(Please enter name of Therapist)

Send Reports to District: _____

Main File (Original) Emailed to District _____

Mailed to District _____ Other _____