

REIMBURSEMENT INFORMATION SECTION

EE % = _____ **EE Code: _____ (Educational Environment reflects % of time **INSIDE regular** classroom receiving special education services. ****See ISBE Manual or Reference Guide for Codes****

Special Ed % = _____ EXTENDED SCHOOL YEAR ELIGIBLE: YES NO

FUND CODE IF FUND **N** OR **U**, SUPPLY REASON FOR NOT RECEIVING SERVICE(S)

ORPHANAGE FUND REIMBURSEMENT (Select one code in **EACH** section below for orphanage claim ****see Reference guide****)

Residence _____ Guardian _____ Placing Agent _____

STATE PERFORMANCE PLAN INDICATOR 11 (REQUIRED)

DATE INITIAL PARENTAL CONSENT FOR EVALUATION WAS SIGNED (MM/DD/YY) _____

DATE INITIAL ELIGIBILITY DETERMINATION WAS COMPLETED (MM/DD/YY **within 60 days**) _____

REASON SPP 11 IS NOT APPLICABLE REASON 60 DAY TIMELINE NOT MET Extended Timeline _____ mm/dd/yy

PRIVATE FACILITY CODE RESIDENTIAL YES NO RESIDENTIAL FACILITY CODE

PRIVATE DAY / RESIDENTIAL FACILITY _____
Name of Facility Attending / Residing At

Who's Paying for Residential Placement _____ Who's Paying for Educational Portion _____

NONPUBLIC / PAROCHIAL PLACEMENT _____
(Parentally Placed) Name of Nonpublic/Parochial School Attending

Identified Disability (ies) (Maximum of 2 Allowed)	
Primary	Secondary

Related & Other Services (Maximum of 8)	

1 to1 Aide Information	
1:1's Name	_____
% of Time	_____

ANNUAL REVIEW **DUE** DATE _____ RE-EVAL **DUE** DATE _____

PROGRAM INFORMATION

Add	Drop	Teacher/Staff	Serving School	Program Type	Service START / STOP date (MM/DD/YY)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Exit Code ****** **** A student totally dropped from special education requires an exit code.**

TRANSPORTATION	**Check <u>which</u> agent is to provide transportation for child **	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> TAXI CAB
1ST Pick-Up _____	1ST Drop _____	Arrival Time _____	
2ND Pick-Up _____	2ND Drop _____	Departure Time _____	
3RD Pick-Up _____	3RD Drop _____	Departure Time _____	
START DATE _____	STOP DATE _____		
SPECIAL NEEDS / INSTRUCTIONS (i.e., wheelchair, harness, aide, health needs, additional pick-up/drop information, specific days of transport, etc.)			