Pennsylvania Department of Education
Bureau of Special Education
Intensive Interagency INITIAL Report

(Report each student immediately to Brenda Fruchtl – 6340 Flank Drive, Harrisburg, PA 17112; Phone: 800-360-7282 Ext. 3709; Fax: 717-541-4968; email: bfruchtl@pattan.k12.pa.us)

1. School District_____AAO (Phila Only)_____
2. Student's name_____ Birth date_____
   Sex: M / F Social Security Number_____ County of residence_____
3. Today's date_____
4. (Circle One) Parent Legal Guardian Foster Parent
   Name_____
   Address_____
   _____
   Telephone number_____
5. District Contact_____ Telephone number_____
6. Please indicate the most accurate status as either "Active" **or** "At Risk", and all other applicable descriptors for the student being reported:
   ___Active; not in appropriate placement
   ___At risk of being without an appropriate placement
   ___*On Homebound Instruction
   ___*Instruction Conducted in the Home
   ___Compensatory Education Due
7. Date of most recent ER_____ IEP_____ NOREP_____
8. *Indicate all other agencies applicable to this student's case: □BSE □C&Y □DOH □JPO □MR □OMHSAS □OVR □Other (please specify)_____
9. *Indicate all applicable barriers: □1 □2 □3 □4 □5 □6
10. Date team determined placement inappropriate_____
11. Receiving Medical Assistance: Y / N *Recipient CIS Number_____
12. Current placement_____
13. Placement being sought_____
    *Type of Service_____ *Type of Support_____ * Location_____
    Reason for placement being sought_____
    _____
    _____
    _____

* See attached CODES TO BE USED

[Item 14, for "**Active**" students **only**]

14. (a) Date student became Active_____
    (b) Additional comments_____

[Item 15, for "**At Risk**" students **only**]

15. (a) Description of "at risk" factors_____

    (b) Date when appropriate placement was acquired _____

16. Provide a brief current status report for this student: _____

Report submitted by_____ Position_____

* See attached CODES TO BE USED

CODES TO BE USED

Type of Service

I Itinerant
R Resource
PT Part-time special education class
FT Full-time special education class

Type of Support

AS Autistic Support
ES Emotional Support
HI Deaf or Hearing Impaired Support
LS Learning Support
LSS Life Skills Support
MD Multiple Disability Support
PS Physical Support
SLS Speech and Language Support
VI Blind or Visually Impaired Support
RE Regular Education

Location (Penn Data)

R Regular school with non disabled peers
PSFD Public Separate Facility (Non Residential), e.g., Special Education Center
APSD Private Separate Facility (Non Residential), e.g., Day student in an APS
PSFR Public Residential Facility, e.g., State operated residential facility
APSR Private Residential Facility, e.g., Residential student in an APS
HOS Hospital, e.g., Long-term admissions
CF Correctional Facility, e.g., Students receiving services while incarcerated
OSF Out of State Facility
HOME Instruction Conducted in the Home

Systems

BSE Bureau of Special Education
C&Y Office Of Children & Youth
DOH PA Department of Health
JPO Juvenile Probation Office
MR Office Of Mental Retardation
OMHSAS Office of Mental Health and Substance Abuse Services
OVR Office Of Vocational Rehabilitation

Barriers

(1) funding
(2) placement
(3) no appropriate placement exists in child's community
(4) no appropriate placement exists anywhere
(5) provider(s) of appropriate placement will not accept child
(6) provider(s) of appropriate placement do not have space available for child

HOMEBOUND INSTRUCTION – Education provided in the home as a result of a medical crises which makes it impractical for the student to attend school for a specific period of time; not to be used as a substitute for a special education placement when an appropriate placement cannot be found.

INSTRUCTION CONDUCTED IN THE HOME – Special education and related services provided in the home instead of the school, as specified by the IEP team as the appropriate placement for this student at this time; not to be used as a substitute for an appropriate placement when one cannot be found.

CIS NUMBER – Client Information System Number. 10 digit unique number identifying the MA recipient. Can be found on ACCESS Card.
RMT – Regional Management Team. **SDI** – Specially Designed Instruction.