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

(Send UPDATES monthly to Brenda Fruchtl at 6340 Flank Drive, Harrisburg, PA 17112; Phone: 800-360-7282 Ext 3709; Fax: 717-541-4968; email: bfruchtl@pattan.k12.pa.us)

1. District's name_____ AAO (Phila Only)_____
2. Student's name_____ Today's date_____
3. Please indicate the most accurate current status for the student:
   __Active; not in appropriate placement
   __Currently At Risk of being without an appropriate placement
   __Compensatory Education Due
   __Inactive; in an appropriate placement with no Compensatory Education Due

   *Indicate all applicable Systems to this student's case: ☐BSE ☐C&Y ☐DOH ☐JPO ☐MR ☐OMHSAS ☐OVR ☐Other (please specify)_____
4. Using brief, concise phrases, describe your efforts to find a placement since last report:

5. Date of most recent ER_____ IEP_____ NOREP_____
6. *Type of Service_____ *Type of Support_____ *Location_____
7. Funding of placement (check all that apply): ☐School ☐Medical Assistance ☐Cluster Fund ☐County program dollars ☐OMHSAS ☐OMR ☐OCYF ☐ Other (identify)_____
8. If placement sought is not attained, state the reason_____
   _____
9. *Nature of reported barrier(s) for cases that reach the State Core Team_____
   _____
10. Lead county agency_____ School district case manager_____
11. *Date of RMT involvement_____ Date of State Core Team involvement_____
12. Serious behavior problem (please specify)_____
13. *Types of services that are not portable (SDI)_____
    _____
14. When student has been placed outside of local public school, what are the capacity building activities documented on the LRE Tool for IEP teams_____
    _____
15. Systemic funding barrier that necessitated use of cluster funds:_____
    _____
16. Acquired placement _____LRE tool used Y / N
17. Acquired placement date (date student first attended the program) _____
18. Is compensatory education [ ] Resolved [ ] Unresolved [ ] Not an issue
    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.