

SPECIAL EDUCATION STAFF INFORMATION – APPALACHIA IU 8
This Form Is To Be Submitted to the PennData Secretary For any Position Additions, or Changes

NEW POSITION _____ **If no, Replacing** _____
Yes/No

NAME: _____ **STAFF #** _____
First Middle Last (IU will provide)

EMPLOYER: _____

SUPERVISOR: _____ **BUILDING:** _____

AGE: 3-5 FTE% _____ **AGE:** 6-21 FTE% _____

POSITION: (Check One)

- | | |
|------------------------------|---------------------------------|
| ___ Admin/Super | ___ Ph.Ed. Teacher |
| ___ Teacher Aide | ___ Psychologist |
| ___ Audiologist | ___ Physical Therapist |
| ___ Counselor | ___ Recreation Specialist |
| ___ Diag/Eval Staff | ___ Rehab. Counselor |
| ___ Interpreter | ___ Social Worker |
| ___ Medical/Nursing Staff | ___ Sp.Ed. Teacher |
| ___ Non-Professional Staff | ___ Voc.Ed. Teacher |
| ___ Occupational Therapist | ___ Work Study Coord. |
| ___ Other Professional Staff | ___ Exclude From Federal Report |
| ___ Speech Pathologist | |

Teachers: NOT Highly Qualified <input type="checkbox"/>
NOT Certified <input type="checkbox"/>
Certification ___ Speech
___ Vision
___ Comp.
___ Hearing

Paraprof: NOT Highly Qualified <input type="checkbox"/>

Other Prof. Staff: NOT Certified <input type="checkbox"/>

PPID# _____ **SS#** _____ **ACCESS BILLABLE:** _____

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