

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)

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

Teachers: **NOT** Highly Qualified ☐
NOT Certified ☐
Certification _____ Speech
_____ Vision
_____ Comp.
_____ Hearing

Paraprof: **NOT** Highly Qualified ☐

Other Prof. Staff: **NOT** Certified ☐

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

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