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| **STUDENT INFORMATION / PEIMS VERIFICATION** |
| **Teacher name & e-mail:**  |  | **Campus:** |  | **Date:** |  | **Page** |  | **of** |  |
| **Diagnostician:**  |  |
| **Please indicate on the first column by each student if a discrepancy exists between PEIMS Reports and campus folder information. If a discrepancy exists then provide corrected information under the appropriate category. If NO discrepancy exists, you need only to include student’s name, ID, and answer yes/no questions about Sp. Ed. Transportation and Assistive Technology.** |
| **Discrepancy?** | **Student' s Name** | **ID#** | **Disability/****Related Services** | **Date of Last Annual** | **FIE Date** | **\*Instructional Arrangement Code** | **Sp. Ed. Trans.** | **Assistive Technology** |
| **YES** | **NO** |  |  |  |  |  |  | **YES** | **NO** | **YES** | **NO** |
| [ ]  | [ ]  |       |            |       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
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Updated 8/12