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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