

COUNT DATE: Friday, October 25, 2024
DUE DATE: Friday, November 15, 2024

State of Iowa
DEPARTMENT OF EDUCATION
Division of Special Education
Grimes State Office Building
400 E 14th St
Des Moines, IA 50319-0146

CERTIFICATION OF SPECIAL EDUCATION ENROLLMENT

I, the undersigned Regional Director of Special Education for Area Education Agency # ____, do hereby certify that the Special Education Enrollment data submitted in the electronic file through the Special Education Student Information Management System do represent an accurate, unduplicated, and true count of students requiring special education instructional programs within each local education agency of this AEA's service area. I further certify that each local education agency has been provided a copy of its special education enrollment and that enrollments submitted herewith are in compliance with the applicable provision of Chapters 256B, 273, and 281, the Code of Iowa, and all other attendant State and Federal Statutes, Rules and Regulations.

Regional Director of Special Education

Subscribed and sworn to in my presence by the Area Education Agency # ____ Regional Director of Special Education on this _____ day of, 20_____. My commission expires ____/____/_____.

Notary Public

NOTE: The Area Education Agency will submit to the Department of Education with this form a Summary Weighted Enrollment Report. This report will be requested from the Special Education Student Information Management System and will be a listing of districts and the numbers of children in each program and weighting category. This is not a detailed listing of students.