

**Vermont Department of Education State Placed Student Data Collection Form**  
**COUNT OF STATE-PLACED STUDENTS**  
From the 1st day of the 2009-2010 School Year  
through the last day of the 2009-2010 School Year

**Directions**

1. Go to [http://education.vermont.gov/new/html/pgm\\_interagency/state\\_placed.html](http://education.vermont.gov/new/html/pgm_interagency/state_placed.html)  
Scroll down to **Count of State-Placed Data Collection Form(SPS Form 1)**.  
Double click  
Save the document to a folder on your computer  
The document will open up to the instructions. If you look at the bottom of the page you will see a tab that says **SPS Form 1**.  
Click on that tab to open up the form to be filled out.
2. **If all fields are not complete, ADM form will be returned to you to be completed.**  
**Illegible copies will also be returned. This may jeopardize the timeliness of your filing and count of your State-Placed ADM.**
3. **Include only State-Placed Students who:**
  - a) **reside in your town school district and attend your town school, OR**
  - b) **reside within your union school district and attend the union school, OR**
  - c) **reside in your district and attend an alternative or vocational program at your district's expense, and the student is not in Special Education.**
4. If you do not know the student's ID number, please contact the Department at (802) 828-3777.
5. List the agency that placed the student in your district (i.e. DCF, Casey Family, Mental Health, Spectrum, etc.), include the name of the agency, the caseworker's name and phone number. Include only those students who were placed in your town by an approved Vermont agency.
6. You **must** complete the section on parent/legal guardian **town of residence**. This is imperative in determining "State-Placed Student" status. If the student is in the custody of DCF, you **must** complete the parental town of residence. Do not check public guardian for DCF custody students. If the student has a legal guardian (other than DCF), list that person's town of residence and check whether it is a public guardian or someone else. If it is someone other than the public guardian, please include the relationship to the student (i.e. "aunt"). Do **NOT** use

the residence of the foster parents! If the parents have relinquished custody of the student, you may write that in for the residence. **DO NOT** give the parent(s)/guardian name!

7. Include students from EEE up to age 22. **All students must have a grade level indicated.** If the student is in an unclassified program, indicate whether it is Ungraded Elementary (Ung-E) or Ungraded Secondary (Ung-S). If the student is in kindergarten, please indicate whether it is part-time (K-P) or full-time (K-F). If you do not indicate full or part time, part time will be used, possibly reducing your state-placed ADM.
8. Include **both entry and exit dates** for all students for each school year. The entry date should not be before the 1st day of the 2009-2010 school year. The exit date should not exceed the last day of 2009-2010 school year, and it should not be left blank.
9. Include only the **regular school year** when computing the number of days attended and only for the **time they actually attended (not enrolled)**. Do not include summer school. **A maximum of 175 days** can be counted for any one student. You may include the time a student was out for an ordinary absence (e.g. a few days for an illness), but do not include periods of extended absence (e.g. a student who runs away and is gone for 2 weeks or a student placed at Woodside). If a student has been in and out of the school, feel free to use more than one line to record all relevant information. Notes may be made on the reverse of the form.
10. If you received, or expect to receive, a **tuition reimbursement and/or the FULL allowable cost of the student's education is covered by the State-Placed Student Special Education Reimbursement (Worksheet A)**; you may **not** list a student on SPS Form 1 for the same period. You may count the student here for any time for which you did not/will not claim a reimbursement. Do not include students tuitioned to your school district. The sending district will be billing the tuition to the Department.
11. If you do not have any state-placed students, please return this form with the top filled out and **"NONE"** written anywhere in/on the form.
12. **ONLY ONE SCHOOL PER FORM!** Do not put multiple schools on a single form.

**The SPS Form 1 must be sent to the Department of Education no later than AUGUST 13th!**

**However, we would be happy to receive your state-placed ADM submission anytime after the end of the school year. You do not have to wait until August.**

SU #: \_\_\_\_\_ SU Name: \_\_\_\_\_

School \_\_\_\_\_  
 Type of School: \_\_\_ Union School \_\_\_ Town School

Grades: \_\_\_\_\_

First day of the 2009-2010 School Year \_\_\_\_\_

Contact Person \_\_\_\_\_

Last day of the 2009-2010 School Year \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

| Student's Legal Name | Gender | Date of Birth | Student's State ID Number (not SSN) | Educational Placement:<br>S = Special Education<br>N = Non-Special Ed | Town in which child lived while attending above school (including town code) | Placing Agency                         | Parent(s) OR Legal Guardian TOWN of Residence (NOT FOSTER PARENTS) (DO NOT PUT NAMES) | Grade Level (EEE-12+) | Entry Date (or 1st day of census period for school year) | Exit Date (or last day of census period for school year) | # Days of School |
|----------------------|--------|---------------|-------------------------------------|---|--|--|---|-----------------------|--|--|------------------|
|                      |        |               |                                     |   | Town Code: _____   | Agency<br>Case Worker<br>Phone # _____ | Mother TOWN:<br>Father TOWN:<br>Legal Guardian TOWN:<br>Public _____ Other ( _____ )  | 2009-2010             |  |  |                  |
|                      |        |               |                                     |   | Town Code: _____   | Agency<br>Case Worker<br>Phone # _____ | Mother TOWN:<br>Father TOWN:<br>Legal Guardian TOWN:<br>Public _____ Other ( _____ )  | 2009-2010             |  |  |                  |
|                      |        |               |                                     |   | Town Code: _____   | Agency<br>Case Worker<br>Phone # _____ | Mother TOWN:<br>Father TOWN:<br>Legal Guardian TOWN:<br>Public _____ Other ( _____ )  | 2009-2010             |  |  |                  |
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|                      |        |               |                                     |   | Town Code: _____   | Agency<br>Case Worker<br>Phone # _____ | Mother TOWN:<br>Father TOWN:<br>Legal Guardian TOWN:<br>Public _____ Other ( _____ )  | 2009-2010             |  |  |                  |

I certify that the above information is correct and complete to the best of my knowledge. I also certify, to the best of my knowledge, that the mother, father or other legal guardian of these students did not live within the town school district which the student attended.

Signature of Superintendent \_\_\_\_\_

Date \_\_\_\_\_

DUE: AUGUST 13th