IDEIA Tribal Count Data Requirements Part B (Children Aged 3 through 5 years)

INSTRUCTIONS

Instructions to Bureau of Indian Education (BIE) Education Program Administrators: Each Education Program Administrator must send the forms to the appropriate Tribe/tribal organization Early Childhood Coordinator for early intervention/early childhood special education services. It is suggested that you also send a copy to the Tribal leader (do not send to official only). A copy of the form may be obtained from the Bureau of Indian Education website, www.bie.edu.

Instructions to Tribal Representatives: A form may be obtained from the Education Program Administrator or online at the Bureau of Indian Education website, www.bie.edu. The count date is **December 1, 20XX.** This count will be utilized to determine **funding** for the period July 1, 20XX – June 30, 20XX. Completed forms are to be submitted to Spike Bighorn, Supervisory Program Manager, Office of Sovereignty in Indian Education, BIE by email to Spike.Bighorn@bie.edu before **January 30, 20XX**. Please call (202) 499-0482 for questions regarding completion or submission of the forms.

- The count must include only Indian children aged 3 through 5 years of age as of December 1, 20XX, who are not enrolled in a private, public or BIA funded school;
- The count must be **unduplicated by categories of disability**, i.e., each child is represented only once;
- The Indian children counted **MUST be residing on the reservation**.
- You must use the disability categories of the State in which the reservation is located;
- You are requested to work with the State Lead Agency* in the numbers identified, etc., and provide information identifying children counted in the December 1, 20XX count;

* "State Lead Agency" means the agency identified by each state that is responsible for providing Early Intervention and Identification services for all children within the state. (IDEA, Part C)

Table 1 Instructions – Count the total number of Indian children with disabilities residing on the reservation by age and disability. Of the total by age and disability, count the number the tribe is serving according to an Individualized Education Program (IEP). *See* 20 U.S.C. § 1401(14) and 1414(d) for definition of IEP.

Certification – Signed by an authorized tribal official (who is not the Tribal Education Office Director)

Assurance – Signed by an authorized tribal official (who is not the Tribal Education Office Director)

NOTE: Federal requirements state that NO further monies or benefits may be paid out under this program unless this report is completed and submitted as required by 20 U.S.C. § 1411(h)(4)(C).

Paperwork Reduction Act Statement: This information is collected to satisfy a statutory mandate established by the Individuals with Disabilities Education Improvement Act, 25 U.S.C. §§ 1400 *et seq.* The information is supplied by respondents to receive a benefit. It is not confidential because it is displayed in an aggregate format. It is estimated that responding to the request will take an average of 20 hours to complete. This includes the amount of time it takes to review instructions, gather and maintain the data needed, and complete the form. In compliance with the Paperwork Reduction Act of 1995, as amended, this collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information including suggestions for reducing the burden, to: Information Collection Clearance Officer, Office of Regulatory Affairs – Indian Affairs, 1849 C Street, N.W., Mail Stop 4660, Washington, D.C. 20240 or raca@bia.gov. Please note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state that prominently at the beginning of your comment. We will honor your request to the extent allowable by law.

PART B

REPORT OF INDIAN CHILDREN AGE 3-5 WITH DISABILITIES RESIDING ON RESERVATIONS IN ACCORDANCE WITH PART B OF THE INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT (IDEIA)

DECEMBER 1, 20XX

Tribe or Tribal Organization:	Reser
Contact Person:	Email
Telephone:	

vation: ______New___Revised____ Address:

TABLE 1: Indian Children Age 3-5 With Disabilities Residing on Reservations

AGE AS OF DEC. 1, 20XX	Age 3		Age 4		Age 5		Age 3-5 Totals (BIE will calculate)	
DISABILITY	Total Disabled**	Disabled Served by Tribe***	Total Disabled**	Disabled Served by Tribe***	Total Disabled**	Disabled Served by Tribe***	Total Disabled**	Disabled Served by Tribe***
Intellectual Disability								
Hearing Impairments								
Speech/Language Impairments								
Visual Impairments								
Emotional Disturbance								
Orthopedic Impairment								
Other Health Impairments								
Specific Learning Disabilities								
Deaf-Blindness								
Multiple Disabilities								
Autism								
Traumatic Brain Injury								
Developmental Delay ¹								
TOTAL: (sum of all the above)								

** Total number of disabled Indian children by age residing on reservation.

*** Total number of disabled Indian children by age residing on reservation served by the Tribe in accordance with an individualized education program (IEP). "Served" should be determined by actual one to one contact with a child or family and may include "related services" such as transportation, corrective and supportive services (i.e., speech, physical and occupational therapy, recreating, social work, counseling, medical services). See 20 U.S.C. § 1401(26) for full definition of "related services."

¹ The state in which the child lives must have defined and established eligibility criteria for developmental delay in order to use this category for reporting.

PART B

TRIBAL CERTIFICATION

I, the authorizing Tribal official for the ______, certify this data represents an accurate and unduplicated count (Tribe or Tribal Organization)

of Indian children ages 3-5 with disabilities contacted and receiving special education and related services on December 1, 20XX from the tribe

according to each Individualized Education Program (IEP).

Tribal Official's Name & Title (type or print)

Signature

Date

TRIBAL ASSURANCE

_____assures that it has provided the state lead agency in the State(s) in which Indian children

(Tribe or Tribal Organization)

reside the child find information (including the names and dates of birth and parent contact information) for children with disabilities

aged 3 through 5 who are included in its December 1, 20XX, child count data to meet the child find coordination and child count

responsibilities in 20 U.S.C. § 1411(h)(3).

Tribal Official's Name & Title (type or print)

Signature

Date