

CHILD COUNT VERIFICATION FORM

District: _____

Date Data Submitted: _____

Data Submitted by: _____

Phone Number: _____

Email Address: _____

The submission contains a file(s) with specific data on students receiving special education in order to comply with the Individuals with Disabilities Act (IDEA) that requires the State Agency to report to the Secretary of Education.

Total, unduplicated number of students receiving Special Education: _____

Signature of Authorized Personnel

This is the only form required to be submitted in hard copy in this collection since it requires a signature. Please mail this form to:

Frankie McCabe, Director
Special Education
Nevada Department of Education
700 E. Fifth St.
Carson City, NV 89701-5096

If you have any questions, please contact Vicki Huffman at 360-658-1506 or at vickihuffman@edex.biz.