

Revision Number (for BSE use only):

Special Education Plan Revision Notice (SEPRN) Intermediate Unit Submission Only

Anticipated date of implementation:

Intermediate Unit:

Contact Person:

Phone Number:

Email Address:

Operated by:	School Year:	AUN Number:

PROPOSED ACTION:

CHECK ONE OR BOTH BELOW:

Box A
DELETE NEW (Complete Facilities Section) MOVE (Complete Facilities Section) CASELOAD VARIANCE CHANGE TRANSFER OF ENTITY

Box B
POSITION CLASS

DESCRIPTION OF PROPOSED ACTION:

Use Additional Sheets if Necessary

1. Program profile:
 - a. First and Last name of Staff Member:
 - b. Affected FTE of staff:
 - c. Type of class/position title:
 - d. Type of support (e.g., Itinerant, Supplemental, Full time):
 - e. Present location of class (Building and Room #):
 - f. Number of students affected:
 - g. Reason for Change:
2. Proposed Building Location (Building and Room #) *if different from Present Location of Class complete the appropriate Facilities Section.*
3. For Transfer of Entity: Is the location to be changed? If so, to where?

Executive Director or Designee*

Date

*By typing your name above, this will serve as your written signature.

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Present location of class (Building and Room #):

Proposed Building Location (Building and Room #):

FACILITIES SECTION

This section is to be submitted with any Special Education Plan Revision Notice (SEPRN) where a classroom or other instructional space is proposed to be new or moved. Answer Yes (Y) or No (N) to each item below. (Refer to 22 PA Code §14.144(3)(i)-(v))

	Comparable and Appropriate	Comparable and Appropriate	
Location in Ebb and Flow		External Noise	
Size* (28 Sq. Ft./Student)		Continuity (yrs. Located)	
Accessibility (Barrier Free)		Designed for Instruction	
Average Square Feet in Regular Classrooms			
*Size of Room	feet (L) x	feet (W) =	Total Square Feet

Proximity to Home:

Is travel time of the student furthest from the school less than 1 hour?

Explain Any No Responses:

NEW PROGRAM PROFILE WHICH REFLECTS PROPOSED REVISIONS MUST BE ATTACHED.