IDEA 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, 2024.** This count will be utilized to determine **funding** for the period July 1, 2025 – June 30, 2026. Completed forms are to be submitted to Klarissa Jensen, Office of Sovereignty in Indian Education, BIE by email to Klarissa.Jensen@bie.edu before **January 30, 2025**. Please call (202) 941-0847 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, 2024 who are not enrolled in a private, public or BIE 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, 2024 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 unless there is a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: Information Collection Clearance Officer, Office of Regulatory Affairs – Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104 or comments@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, 2024

**Tribe or Tribal Organization: Reservation: New Revised**

**Contact Person: Email Address:**

**Telephone:**

### 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 Delay1 |  |  |  |  |  |  |  |  |
| 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).** Federal funding must be expended, and programs implemented in full accordance with the U.S. Constitution, Federal law, and public policy requirements, including all requirements imposed on recipients of federal financial aid under 2 C.F.R. Part 200.

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, 2024, 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