

ISEE Prior Year Data Correction & Payment Adjustment Request

Today's Date: _____

District/Charter Name and Number: _____

Prior School Year(s) Corrected: _____

Correction Submission Date(s): _____

Assisted by ISEE Regional Coordinator: _____

Reporting Period Corrected: First Reporting Period Best 28 Weeks Both

Type of Changes: Staffing (First Reporting Period Only)

Attendance/Enrollment

Both

Description of Issue Corrected:

Specific Correction(s) Made:

Superintendent/Administrator or Business Manager Attestation:

I certify that the ISEE revision(s) correctly updates prior year attendance and/or staffing data.

Signature:

Printed Name:

Submit this request via email to: dreich@sde.idaho.gov