PEIMS and Processes for New Caney ISD

Michelle Loth – PEIMS Coordinator

Tammy Yarbrough – Records Manager

Topics of Discussion

6 weeks Special Program Verification Reports
6 weeks Superintendent Verification Reports
PEIMS Change form
Proof of Residency
Course Request for Skyward
PEIMS PRS
TREx
Special Circumstance
Alternate Bell Schedule Request
DocAtttempts

Six Weeks Reports

Student Detail/Daily Register	Campus Summary/Contact Hours	PK Enrollment Verification	504 Verification	At-Risk
Dyslexia	Dyslexia/Sped	Dyslexia Risk	Foreign Exchange Students	Foster Care
Homeless	Unaccompanied Youth	RTI/Intervention Strategies	Military Connected	Immigrant
Refuge	Restraints	Discipline	Walk-In Speech	

6 Weeks Special Program Verification

Registrar will run the Skyward reports and attach the documents to the form

Laserfiche will send an email notification 6 weeks Special Program Verification form has been submitted - Please review

Flows to all SPPG , SPED, Coordinators, Specialist to review and approve

Once everyone completes their portion then it goes to the campus Principal for review and approval

Registrar then makes final coding changes and files in the PEIMS audit box in Laserfiche

NEW CANEY ISD

6 Weeks Special Program Verification

www.newcaneyisd.org • 21580 Loop 494 • New Caney, Texas 77357 • Tel. 281-577-8600 • Fax 281-354-1878

In accordance with the Student Attendance Accounting Handbook Section 2.3, your district must generate and verify Student Detail Reports, Campus Summary Reports, and District Summary Reports each 6-week reporting period.

6 Weeks *

Campus *

Report Type: *

- [x] Campus Summary/Contact Hours and Student Detail/Daily Register
- [ ] At Risk/Homeless/Foster/Dyslexia/RTI/504/Immigrant

Campus

Employee ID *

First Name *

Last Name *

Department/Campus *

Campus Summary/Contact Hours

Upload

Student Detail/Daily Register

Upload

Additional Comments

By selecting Yes, I affirm the attached reports have been reviewed with the appropriate staff and measures have been taken to verify the accuracy and the authenticity of the PIEMS data being submitted for New Caney ISD. *

- [ ] Yes

Acceptance & Digital Signature

By typing my legal full name and checking the acceptance box you:

- Accept the rules of this form.
- Agree that all information contained is accurate.
- Confirm that you are the person referenced through out the form and the acceptance section.
- I verify that the above information is true and correct.

The New Caney Independent School District is an Equal Opportunity Employer

Date *

Employee First & Last Name *

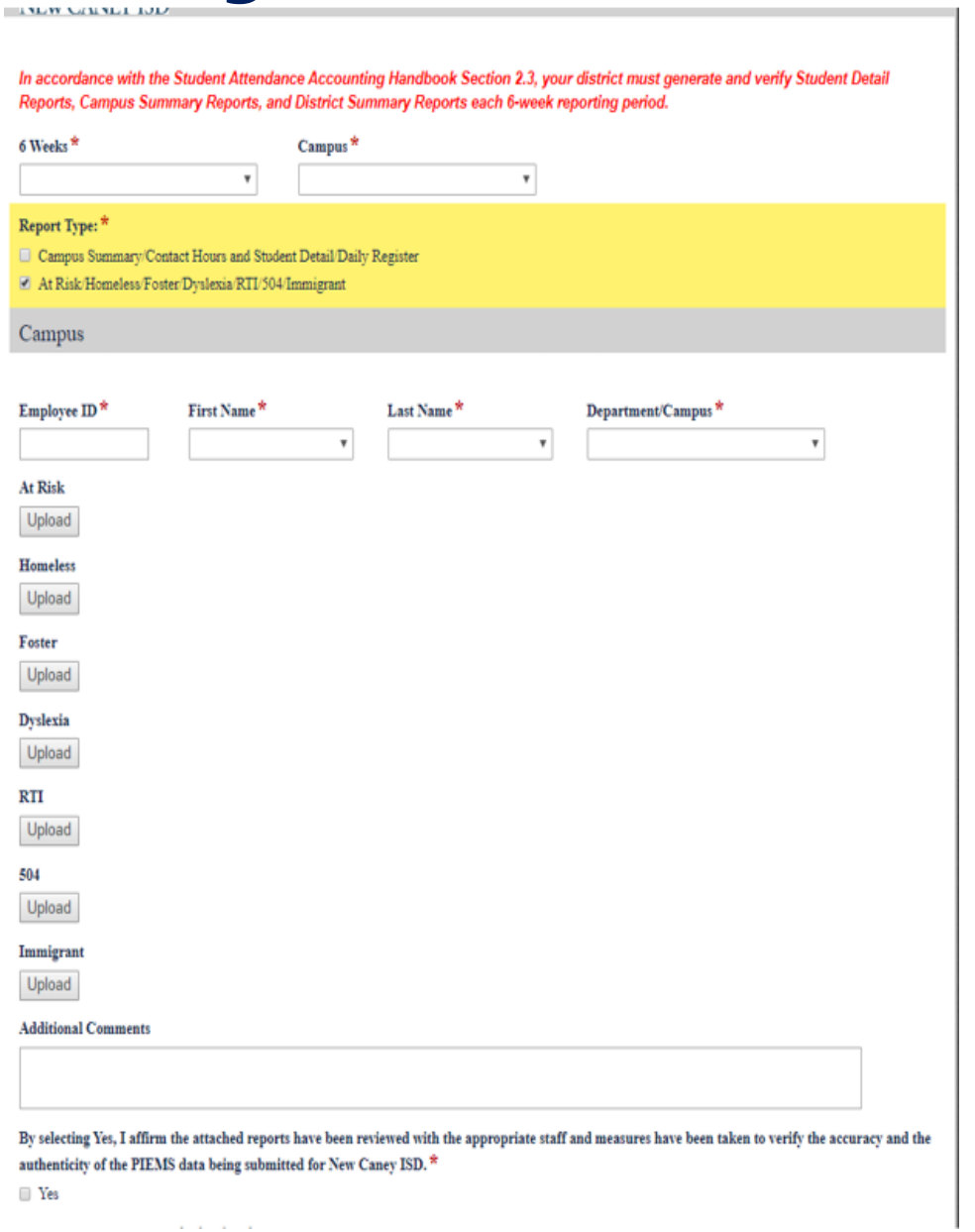
Employee ID *

Accept *

- [ ] Accept

6 Weeks Special Program Verification

- The Registrar will upload each report for each Special Program

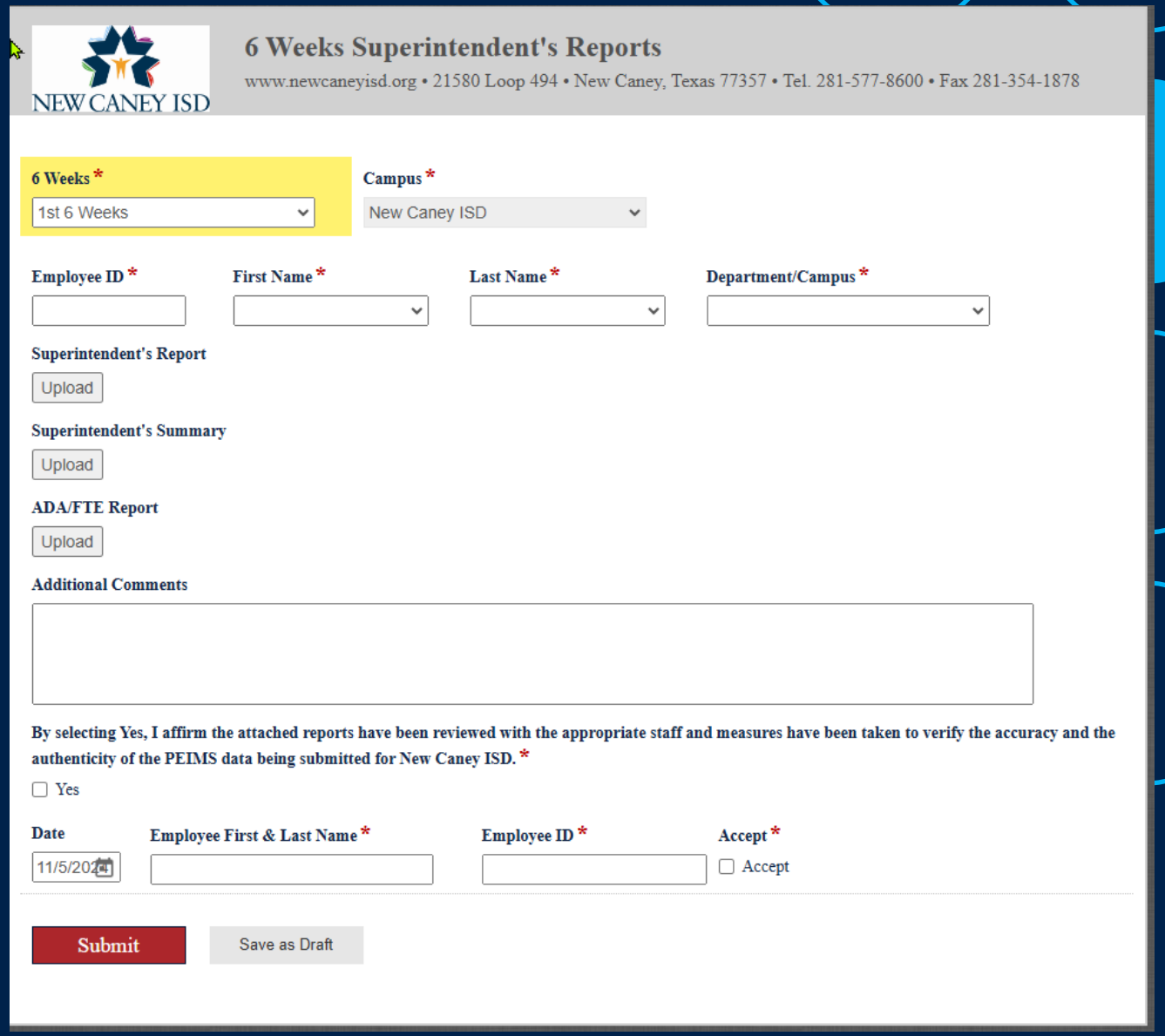


6 Weeks Superintendent's Reports

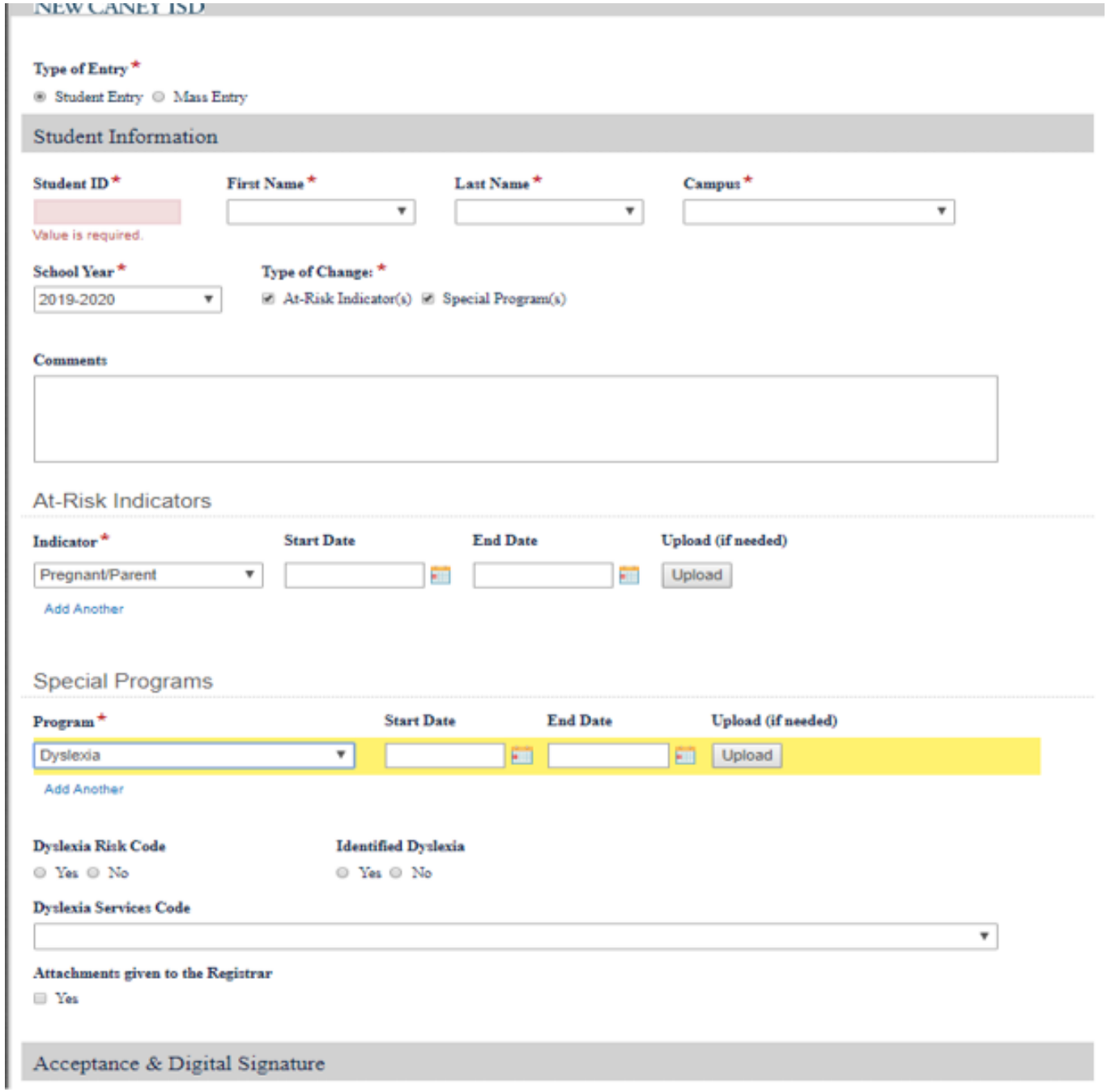
PEIMS Coordinator submits

Routes to the Directors of GT, SPED, EB, CT and CFO to approve

Files in the District PEIMS Audit box

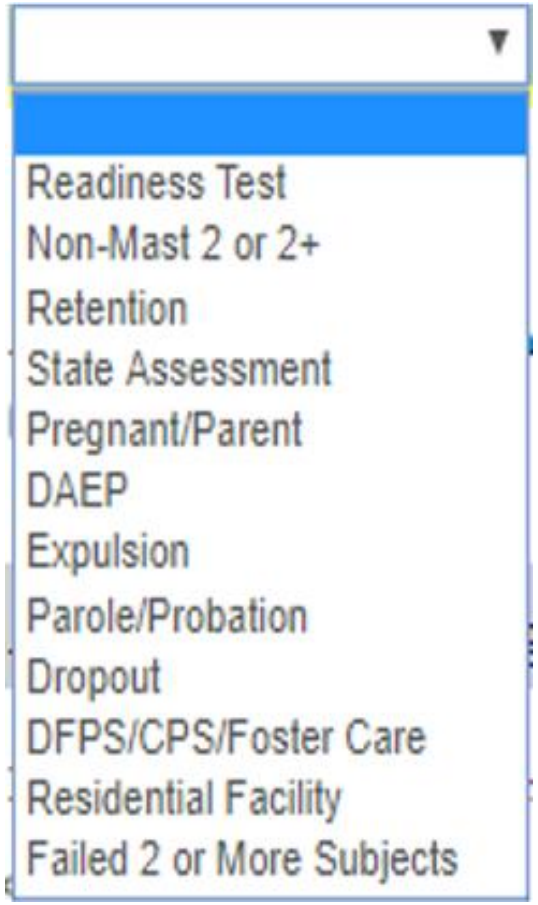


PEIMS Change Form

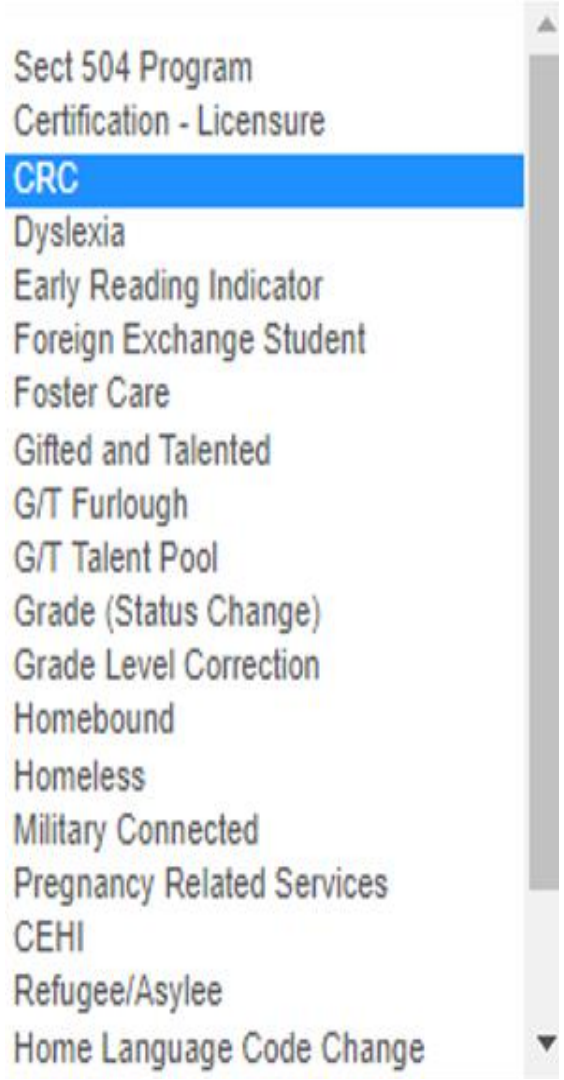


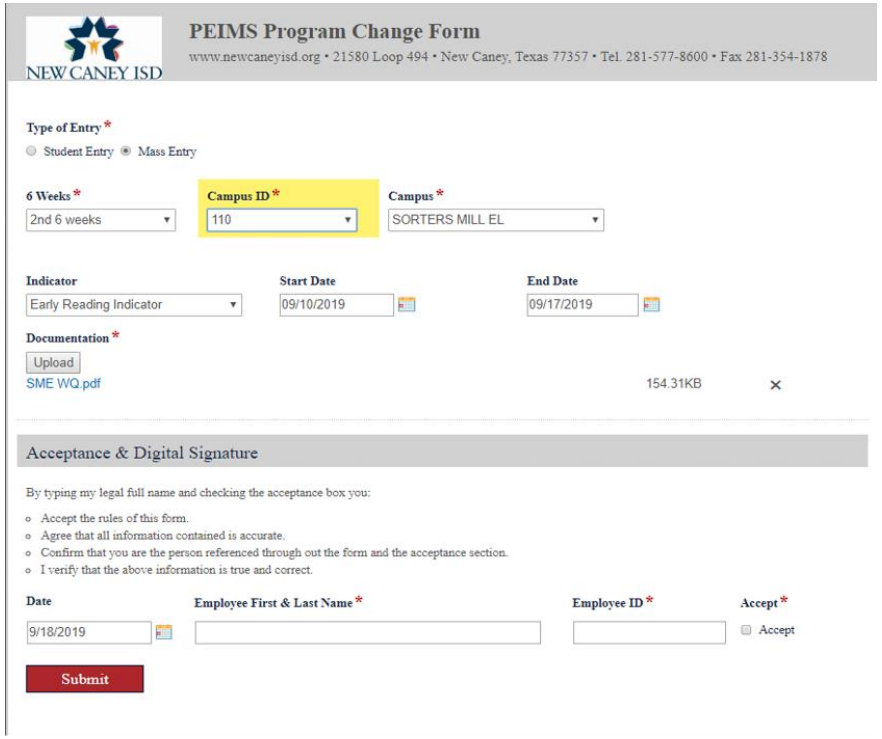
PEIMS - Program Data Entry

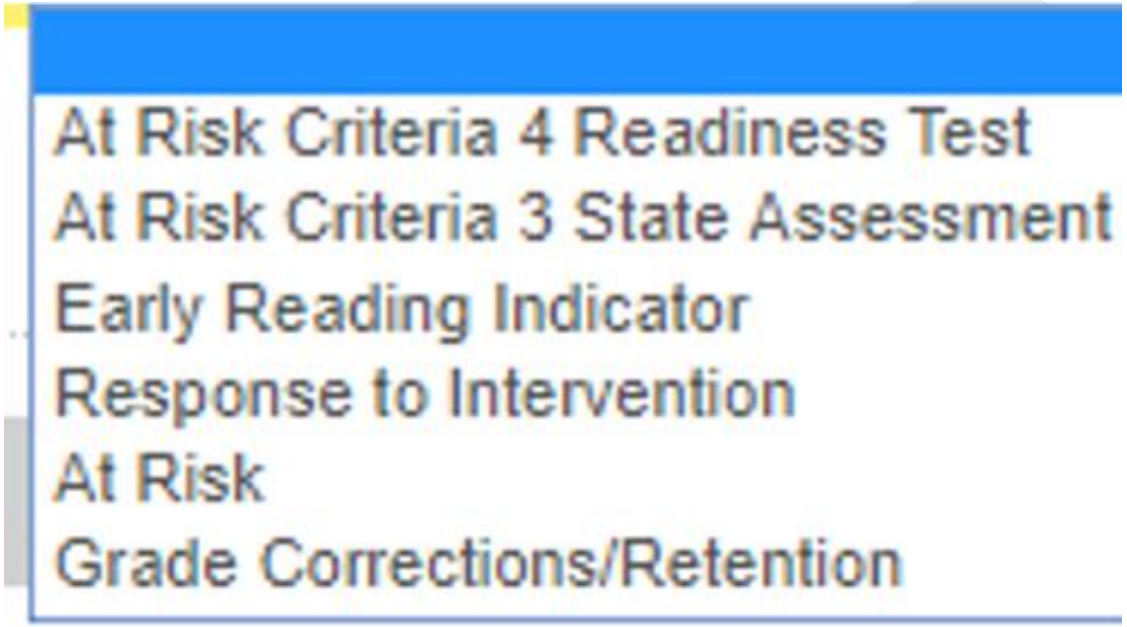
AT RISK



Special Programs







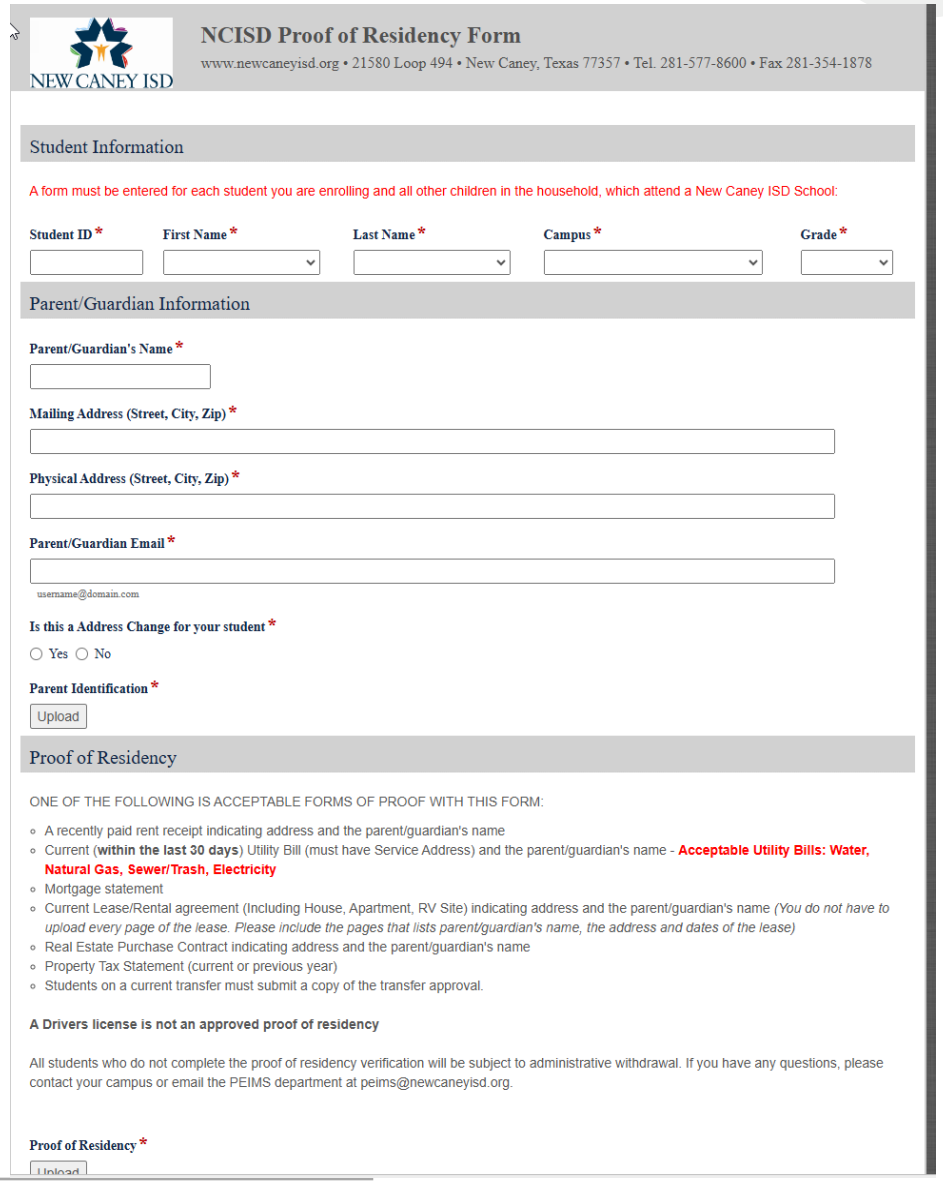
Laserfiche - PEIMS Program Change

MASS ENTRY OPTIONS

Proof of Residency

- Ways we send out the form to Parents:
  - We send out this form during the summer to all parents to upload their Proof Of Residency documents
  - Weekly emails until the deadline – missing Proof of Residency
  - Send out to all students missing Proof of Residency using DocAttempts LF form
  - Individual send out by registrar on follow up for New Students

- Flow:
  - Routes to campus registrar
  - Registrar updates Skyward and marks POR Obligations met then completes the form
  - Files in student cumulative folder



NEW CANEY ISD

NCISD Proof of Residency Form

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Student Information

A form must be entered for each student you are enrolling and all other children in the household, which attend a New Caney ISD School:

Student ID * | First Name * | Last Name * | Campus * | Grade *

Parent/Guardian Information

Parent/Guardian's Name *

Mailing Address (Street, City, Zip) *

Physical Address (Street, City, Zip) *

Parent/Guardian Email *

username@domain.com

Is this a Address Change for your student *

Yes No

Parent Identification *

Upload

Proof of Residency

ONE OF THE FOLLOWING IS ACCEPTABLE FORMS OF PROOF WITH THIS FORM:

- A recently paid rent receipt indicating address and the parent/guardian's name
- Current (**within the last 30 days**) Utility Bill (must have Service Address) and the parent/guardian's name - **Acceptable Utility Bills: Water, Natural Gas, Sewer/Trash, Electricity**
- Mortgage statement
- Current Lease/Rental agreement (Including House, Apartment, RV Site) indicating address and the parent/guardian's name *(You do not have to upload every page of the lease. Please include the pages that lists parent/guardian's name, the address and dates of the lease)*
- Real Estate Purchase Contract indicating address and the parent/guardian's name
- Property Tax Statement (current or previous year)
- Students on a current transfer must submit a copy of the transfer approval.

A Drivers license is not an approved proof of residency

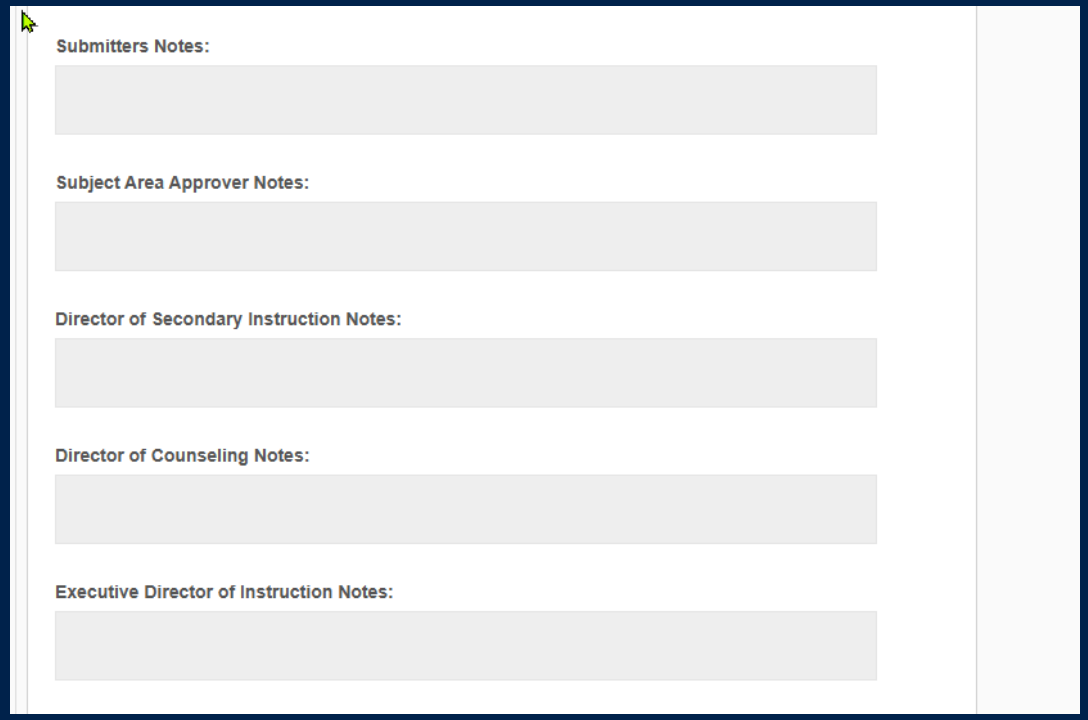
All students who do not complete the proof of residency verification will be subject to administrative withdrawal. If you have any questions, please contact your campus or email the PEIMS department at peims@newcaneyisd.org.

Proof of Residency *

Upload

Course Request

- Counselors submit a NEW course to be created into the curriculum master and will be pushed out to the campus
- Routes to the Dean/Principal or Subject area for approval with options for notes
- Director of Counseling to approve or reject
- Ex. Director of Instruction
- PEIMS department to update Curriculum Master
- Email all with the new course

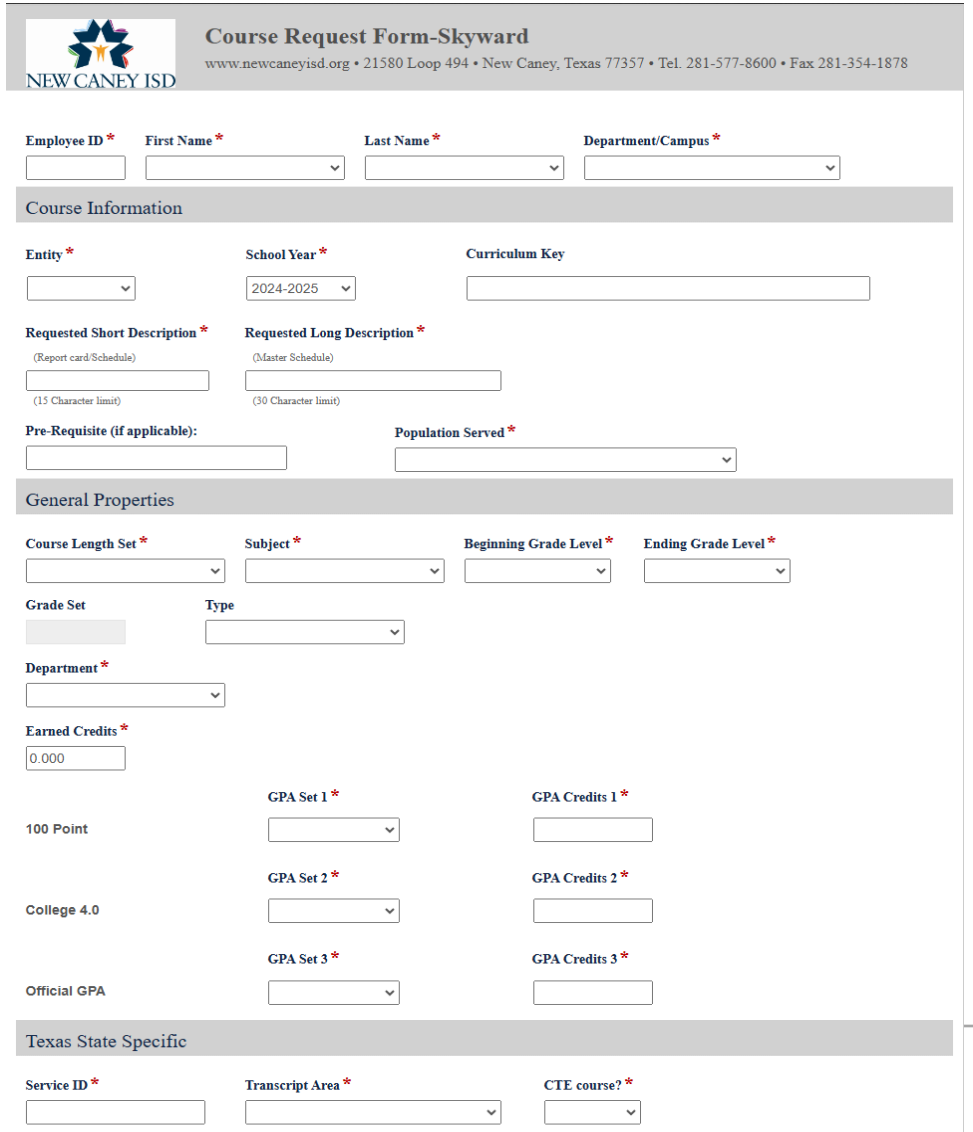


- Hello,

The following course has been created

- {/dataset/Add_Course_PEIMS/Course_Key
- {/dataset/Add_Course_PEIMS/Short_Description}
- {/dataset/Add_Course_PEIMS/Long_Description}
-
- {/dataset/notes_peims}
-

Course Request form - Skyward



NEW CANEY ISD

Course Request Form-Skyward

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Employee ID * | First Name * | Last Name * | Department/Campus *

Course Information

Entity * | School Year * (2024-2025) | Curriculum Key

Requested Short Description * (Report card/Schedule) (15 Character limit) | Requested Long Description * (Master Schedule) (30 Character limit)

Pre-Requisite (if applicable): | Population Served *

General Properties

Course Length Set * | Subject * | Beginning Grade Level * | Ending Grade Level *

Grade Set | Type

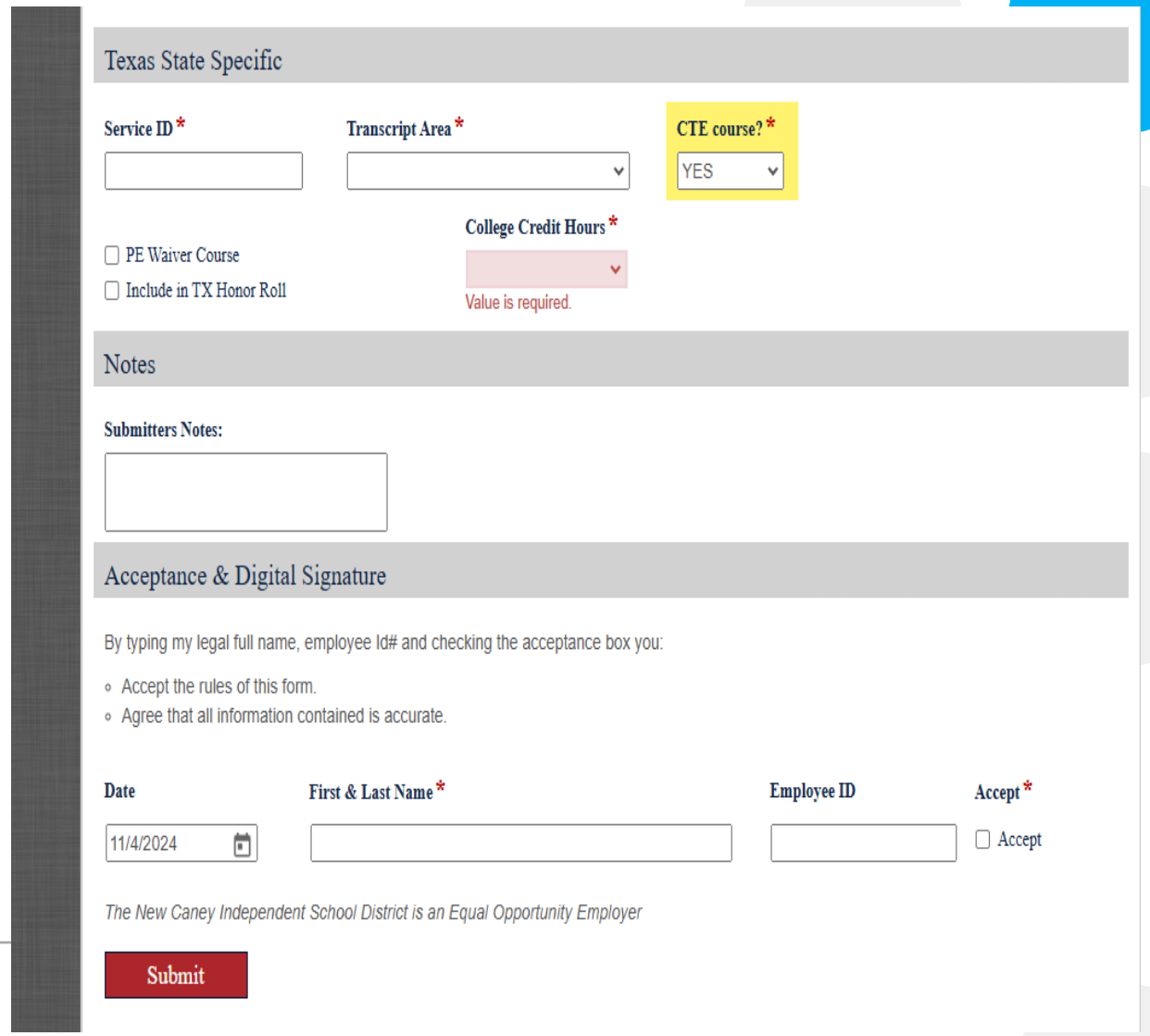
Department *

Earned Credits * (0.000)

	GPA Set	GPA Credits
100 Point	GPA Set 1 *	GPA Credits 1 *
College 4.0	GPA Set 2 *	GPA Credits 2 *
Official GPA	GPA Set 3 *	GPA Credits 3 *

Texas State Specific

Service ID * | Transcript Area * | CTE course? *



Texas State Specific

Service ID * | Transcript Area * | CTE course? * (YES)

PE Waiver Course

Include in TX Honor Roll

College Credit Hours *

Value is required.

Notes

Submitters Notes:

Acceptance & Digital Signature

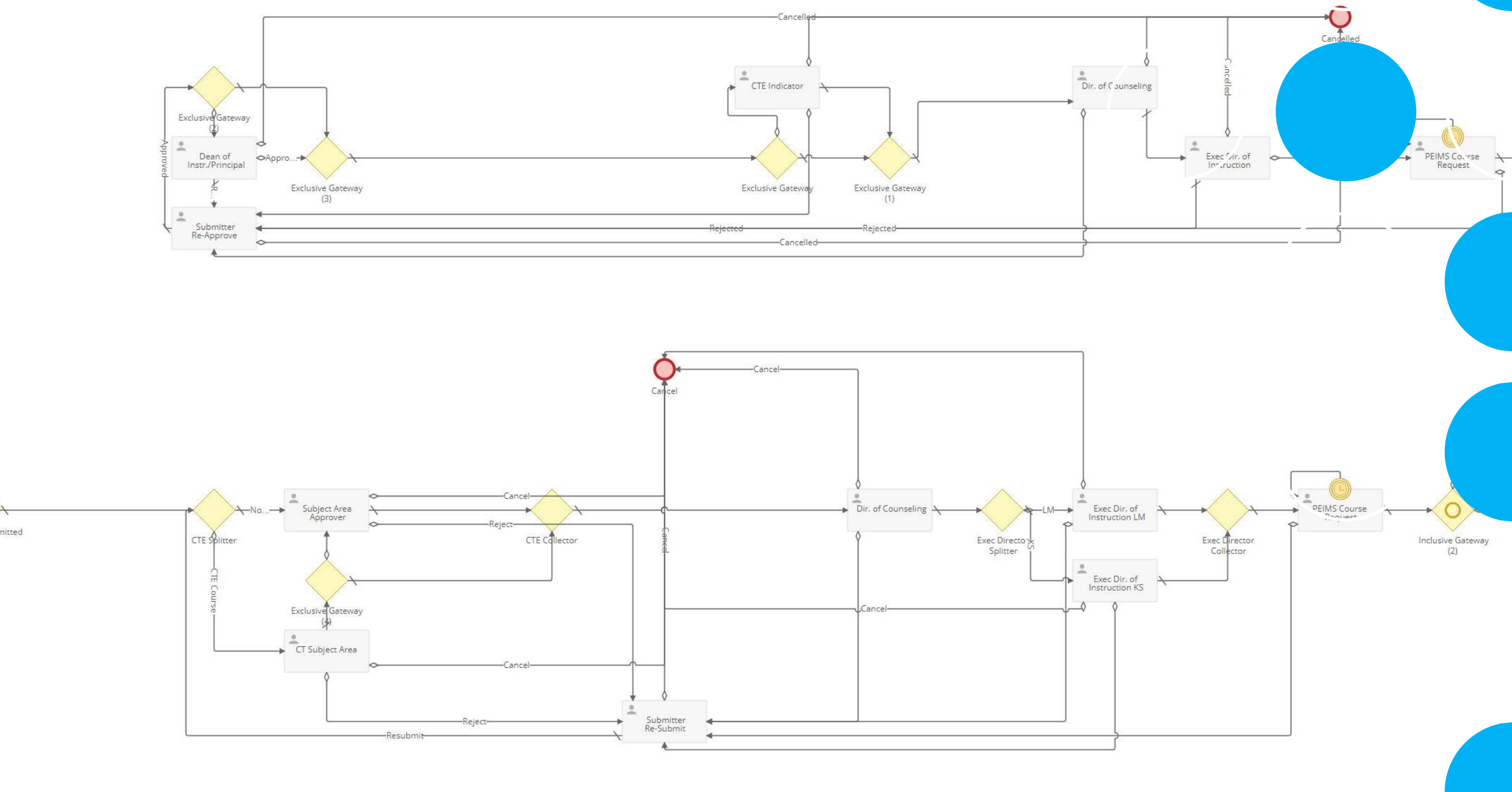
By typing my legal full name, employee Id# and checking the acceptance box you:

- Accept the rules of this form.
- Agree that all information contained is accurate.

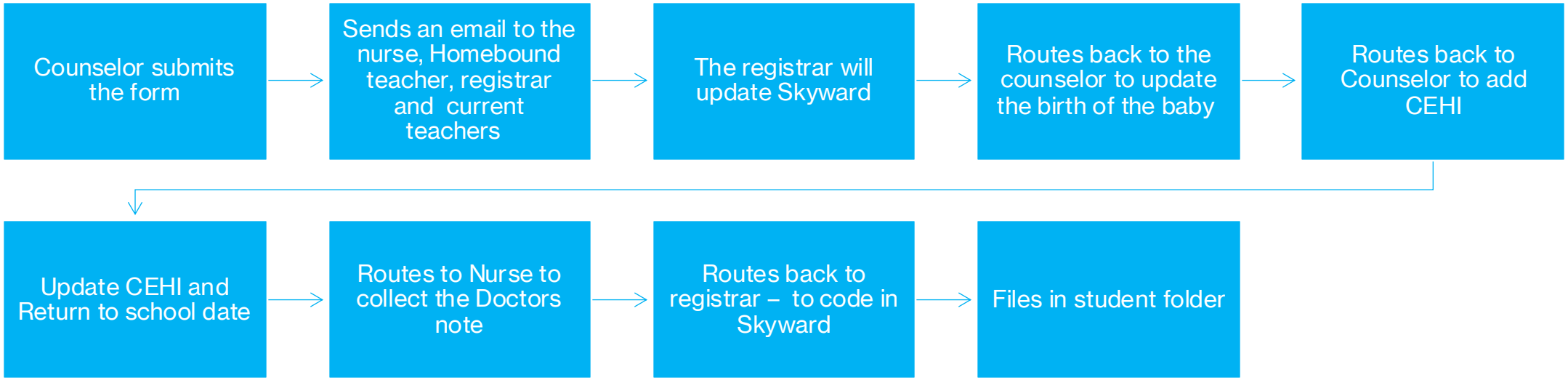
Date (11/4/2024) | First & Last Name * | Employee ID | Accept * (Accept)

The New Caney Independent School District is an Equal Opportunity Employer

Submit


Cancelled
Cancelled
Exclusive Gateway (2)
CTE Indicator
Dir. of Counseling
Exec Dir. of Instruction
PEIMS Course Request
Approved
Dean of Instr./Principal
Appro...
Exclusive Gateway (3)
Exclusive Gateway
Exclusive Gateway (1)
Submitter Re-Approve
Rejected
Rejected
Cancelled
Cancel
Cancel
No...
Subject Area Approver
Cancel
Reject
CTE Splitter
CTE Collector
Dir. of Counseling
Exec Director Splitter
LM
Exec Dir. of Instruction LM
Exec Director Collector
PEIMS Course Request
Inclusive Gateway (2)
CTE Course
Exclusive Gateway (4)
Exec Dir. of Instruction KS
Cancel
CT Subject Area
Cancel
Reject
Submitter Re-Submit
Resubmit

PRS – Laserfiche Process



Pregnancy & Related Services

PRS can only be submitted for female students.

NEW CANEY ISD

NCISD Pregnancy Related Services Form

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Student Information

Student ID * | First Name * | Last Name * | Grade * | Gender *

Campus * | Date Pregnancy Verified * (MM/DD/YYYY) | Anticipated Due Date * (MM/DD/YYYY)

Please upload documents from the doctor's office or leave a comment to verify the student's pregnancy. *

Upload

Comments from Counselor

Character limit: 250

Requires a PEIMS Change Form. This student must be coded At Risk and the Indicator as Pregnant/Parent.
Click Here to submit a PEIMS Change Form

Student has withdrawn *

Yes No

Is CEHI needed? * | CTE Student? *

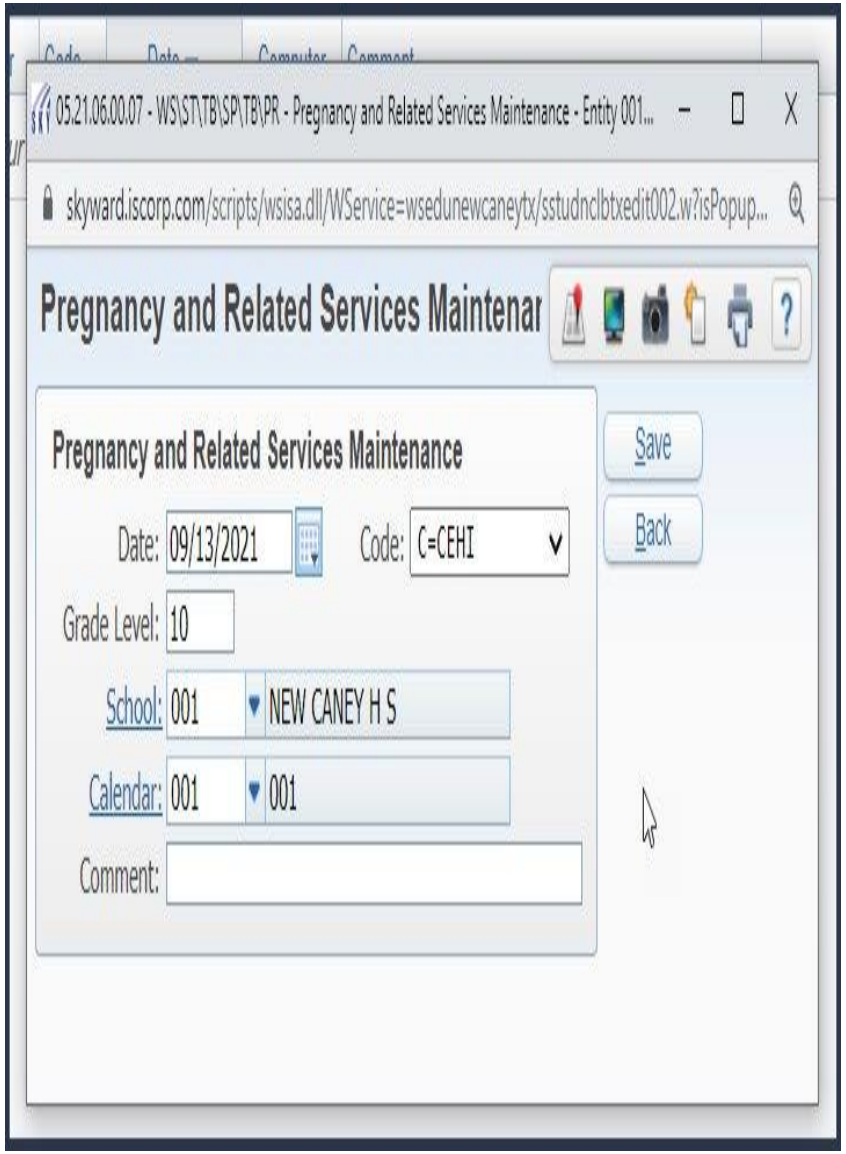
Was CEHI Completed? * | Provided Doctor's Release? *

Pregnancy End Date * (MM/DD/YYYY) — Birth of Baby

Expected to Return to Full Instruction * (02/10/1900) — 6wks (42 days after birth)

Date Returned to Full Time Instruction * (02/10/1900)

CEHI – Component



Is CEHI needed? *

CTE Student? *

Compensatory Education Home Instruction Record

CEHI

Prenatal or Postpartum

Prenatal Entry Date MM/DD/YYYY

Prenatal Exit Date MM/DD/YYYY

Postpartum Entry Date MM/DD/YYYY

Postpartum Exit Date MM/DD/YYYY

File Upload-Prenatal/Postnatal Note

Drag and drop up to 5 files here to upload or Upload

Add

Was CEHI Completed? *

Provided Doctor's Release? *

COUNSELOR: PLEASE WALK STUDENT TO SEE THE SCHOOL NURSE. THIS STUDENT MUST BE SEEN BY THE NURSE BEFORE THEY RETURN TO CLASS.

Pregnancy End Date * MM/DD/YYYY
Birth of Baby

Expected to Return to Full Instruction * MM/DD/YYYY
6wks (42 days after birth)

Date Returned to Full Time Instruction * MM/DD/YYYY

NURSE: Do not submit until a doctor's release has been uploaded.

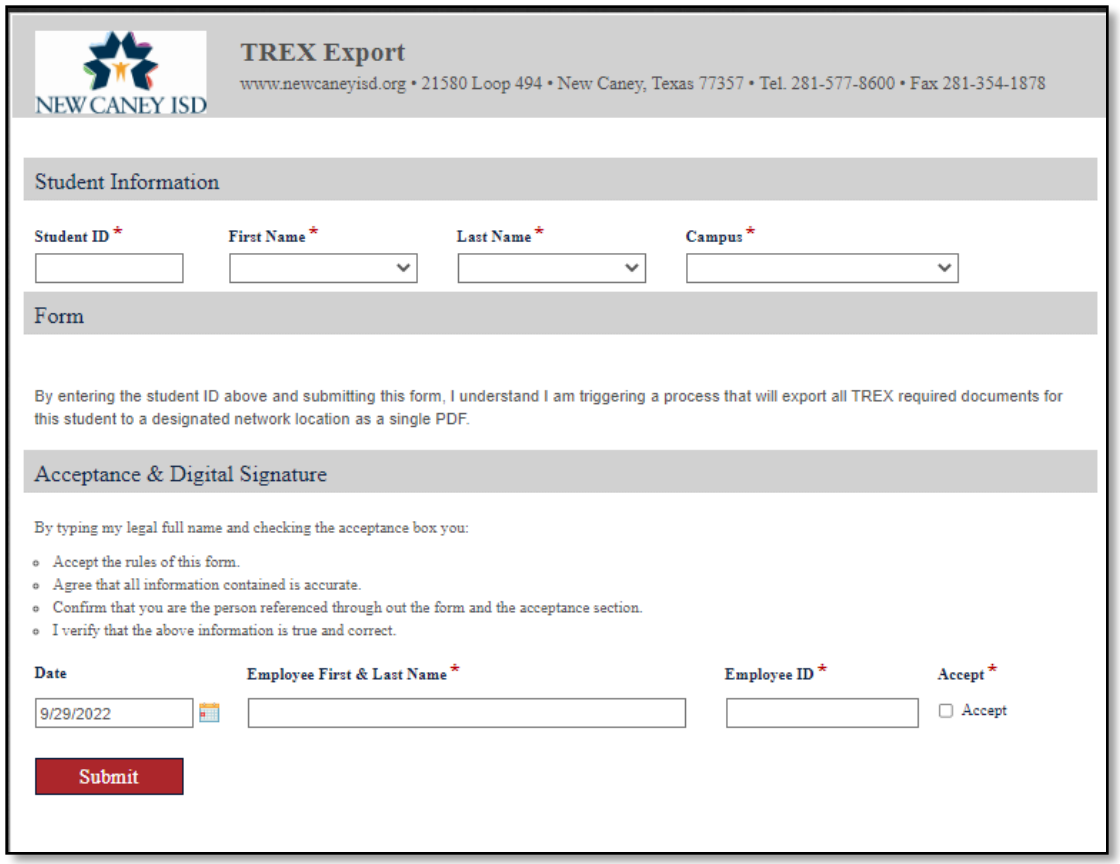
File Upload-Doctor Release (?) *

This is required to return to campus

Drag and drop up to 5 files here to upload or Upload

TREx

- Registrar's complete student TREx Export
- All documents in student cumulative folder tagged for TREx in database are pulled into a pdf on our K drive
- They pull the pdf and split the file using ADOBE Professional if it is over 10kb because TREx will not accept files over 10kb
- Upload in TREx
- Done!



NEW CANEY ISD

TREX Export

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Student Information

Student ID * | First Name * | Last Name * | Campus *

Form

By entering the student ID above and submitting this form, I understand I am triggering a process that will export all TREX required documents for this student to a designated network location as a single PDF.

Acceptance & Digital Signature

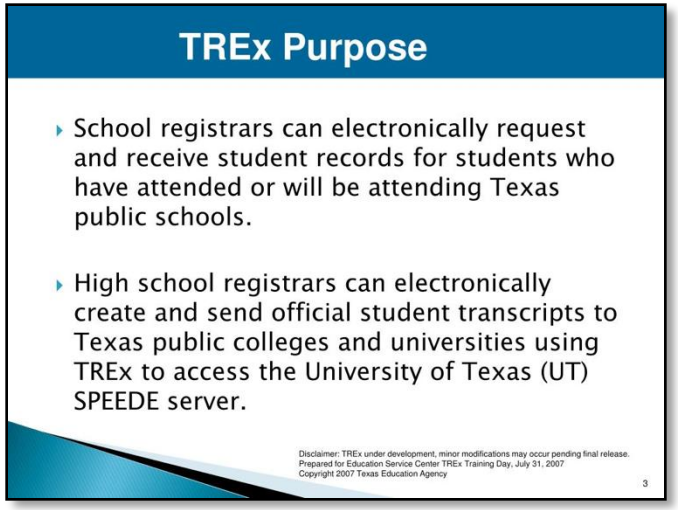
By typing my legal full name and checking the acceptance box you:

- Accept the rules of this form.
- Agree that all information contained is accurate.
- Confirm that you are the person referenced through out the form and the acceptance section.
- I verify that the above information is true and correct.

Date | Employee First & Last Name * | Employee ID * | Accept *

9/29/2022 | Accept

Submit



TREx Purpose

- School registrars can electronically request and receive student records for students who have attended or will be attending Texas public schools.
- High school registrars can electronically create and send official student transcripts to Texas public colleges and universities using TREx to access the University of Texas (UT) SPEEDE server.

Disclaimer: TREx under development, minor modifications may occur pending final release.
Prepared for Education Service Center TREx Training Day, July 31, 2007
Copyright 2007 Texas Education Agency

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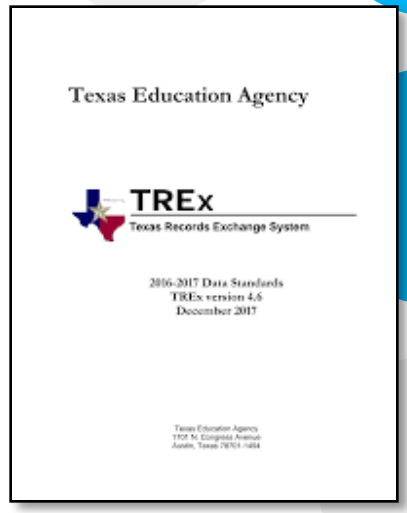


Texas Education Agency

TREx
Texas Records Exchange System

2016-2017 Data Standards
TREx version 4.6
December 2017

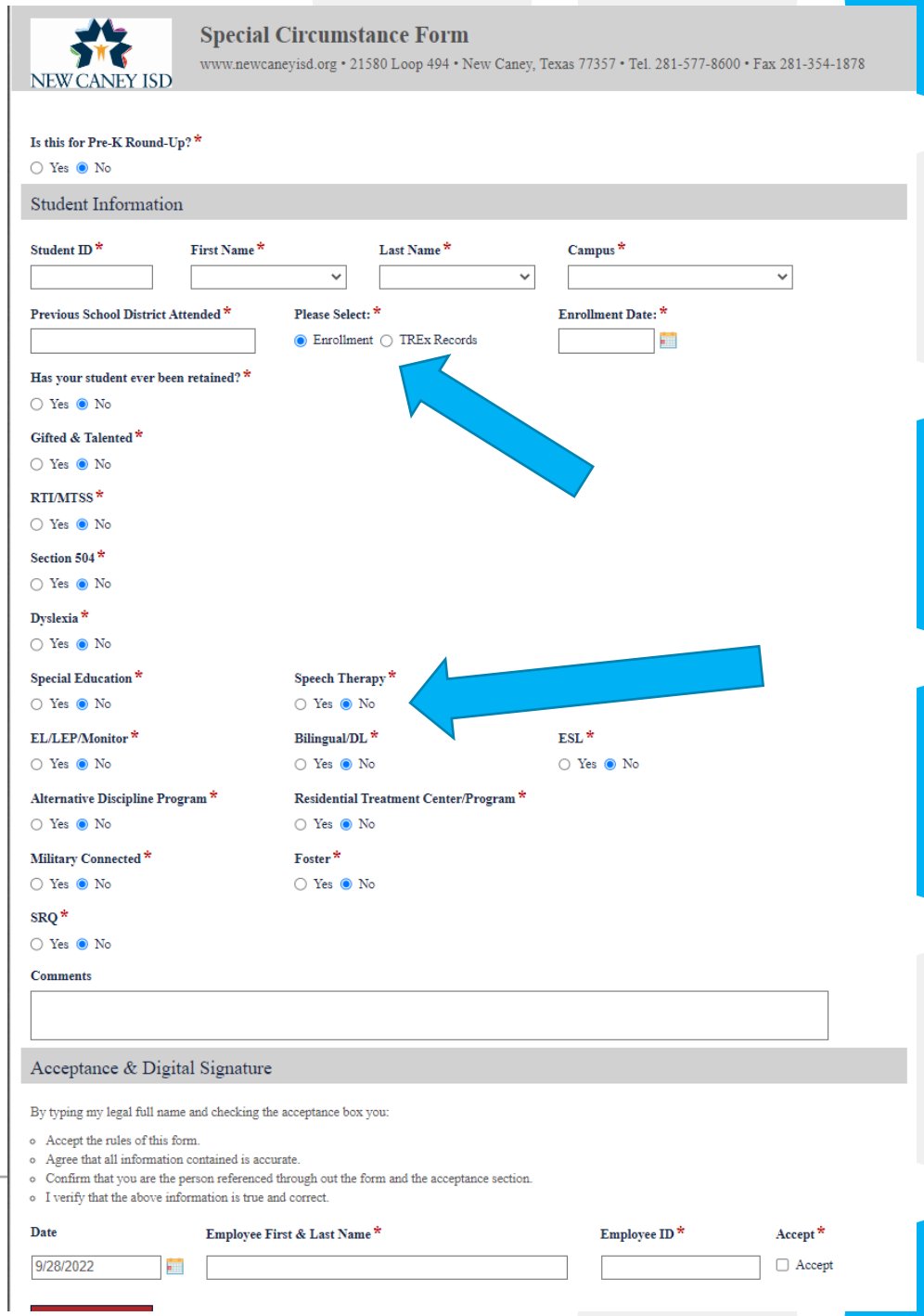
Texas Education Agency
1701 N. Congress Avenue
Austin, Texas 78701-1494

Database

RetPeriod	RetCalendar	Security	Active	TREX	RefilingPrimary	TREX_JJ
02 Years	SY	ATH	Y	(null)	N	(null)
02 Years	SY	BAND	Y	(null)	N	(null)
02 Years	SY	BAND	Y	(null)	N	(null)
02 Years	SY	BAND	Y	(null)	N	(null)
02 Years	SY	BAND	Y	(null)	N	(null)
02 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
01 Year	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
02 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
02 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
06 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;MSTEACH;HSTEACH;504;LEP;GT;RTI;DYS;NURSE	Y	(null)	N	(null)
02 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;MSTEACH;HSTEACH;504;LEP;GT;RTI;DYS	Y	Y	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;MSTEACH;HSTEACH;504;LEP;GT;RTI;DYS;NURSE	Y	Y	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;MSTEACH;HSTEACH;504;LEP;GT;RTI;DYS;NURSE	Y	Y	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;MSTEACH;HSTEACH;504;LEP;GT;RTI;DYS;NURSE	Y	Y	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;NURSE;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;RTI;HSTEACH;MSTEACH;HSTEACH	Y	Y	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;NURSE;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;RTI;HSTEACH;MSTEACH;HSTEACH	Y	(null)	N	(null)
01 Year	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
Permanent	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB;PRINSEC	Y	Y	Y	Y
05 Years	SY	NURSE	Y	(null)	N	(null)
18 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
07 Years	SY	NURSE	Y	(null)	N	(null)
01 Year	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
03 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
03 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;COUNS;NURSUB	Y	(null)	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;ELTEACH;RTI	Y	(null)	N	(null)
02 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
02 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
03 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
02 Years	SY	ATTEN;REG;PEIMS;ALL;PRIN;NURSE;AP;NURSUB	Y	(null)	N	(null)
05 Years	SY	ATTEN;REG;PEIMS;ALL;LEP;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;RTI;MSTEACH;HSTEACH;ELTEACH;PRINSEC	Y	Y	N	Y
05 Years	SY	ATTEN;REG;PEIMS;ALL;LEP;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;RTI;MSTEACH;HSTEACH;ELTEACH	Y	Y	N	Y
05 Years	SY	ATTEN;REG;PEIMS;ALL;LEP;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;RTI;MSTEACH;HSTEACH;ELTEACH	Y	Y	N	Y
05 Years	SY	ATTEN;REG;PEIMS;ALL;LEP;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;RTI;MSTEACH;HSTEACH;ELTEACH	Y	Y	N	Y
05 Years	SY	ATTEN;REG;PEIMS;ALL;LEP;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;RTI;MSTEACH;HSTEACH;ELTEACH	Y	Y	N	Y
05 Years	SY	ATTEN;REG;PEIMS;ALL;LEP;PRIN;AP;COUNS;SPED;DIAG;DIAGSEC;RTI;MSTEACH;HSTEACH;ELTEACH	Y	Y	N	Y

Special Circumstance

- Based off the Student Program Identification registration form - any special programs selected a LF form is completed by the Registrar to notify all special program coordinators
- Registrar selects - Enrollment, Yes on the Special Program selected then an email is sent with the Enrollment date, Previous district attended and Program
- Then the form routes back to the campus registrar to complete Part 2 – TREx
- Once the registrars receives the TREx documents from previous district, the registrar reviews and files the documents in LF.
- Another Email is sent to the coordinators to review the students records in LF



NEW CANEY ISD

Special Circumstance Form

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Is this for Pre-K Round-Up? * ○ Yes ◉ No

Student Information

Student ID * | First Name * | Last Name * | Campus *

Previous School District Attended * | Please Select: * ◉ Enrollment ○ TREx Records | Enrollment Date: *

Has your student ever been retained? * ○ Yes ◉ No

Gifted & Talented * ○ Yes ◉ No

RTI/MTSS * ○ Yes ◉ No

Section 504 * ○ Yes ◉ No

Dyslexia * ○ Yes ◉ No

Special Education * ○ Yes ◉ No

Speech Therapy * ○ Yes ◉ No

EL/LEP/Monitor * ○ Yes ◉ No

Bilingual/DL * ○ Yes ◉ No

ESL * ○ Yes ◉ No

Alternative Discipline Program * ○ Yes ◉ No

Residential Treatment Center/Program * ○ Yes ◉ No

Military Connected * ○ Yes ◉ No

Foster * ○ Yes ◉ No

SRQ * ○ Yes ◉ No

Comments

Acceptance & Digital Signature

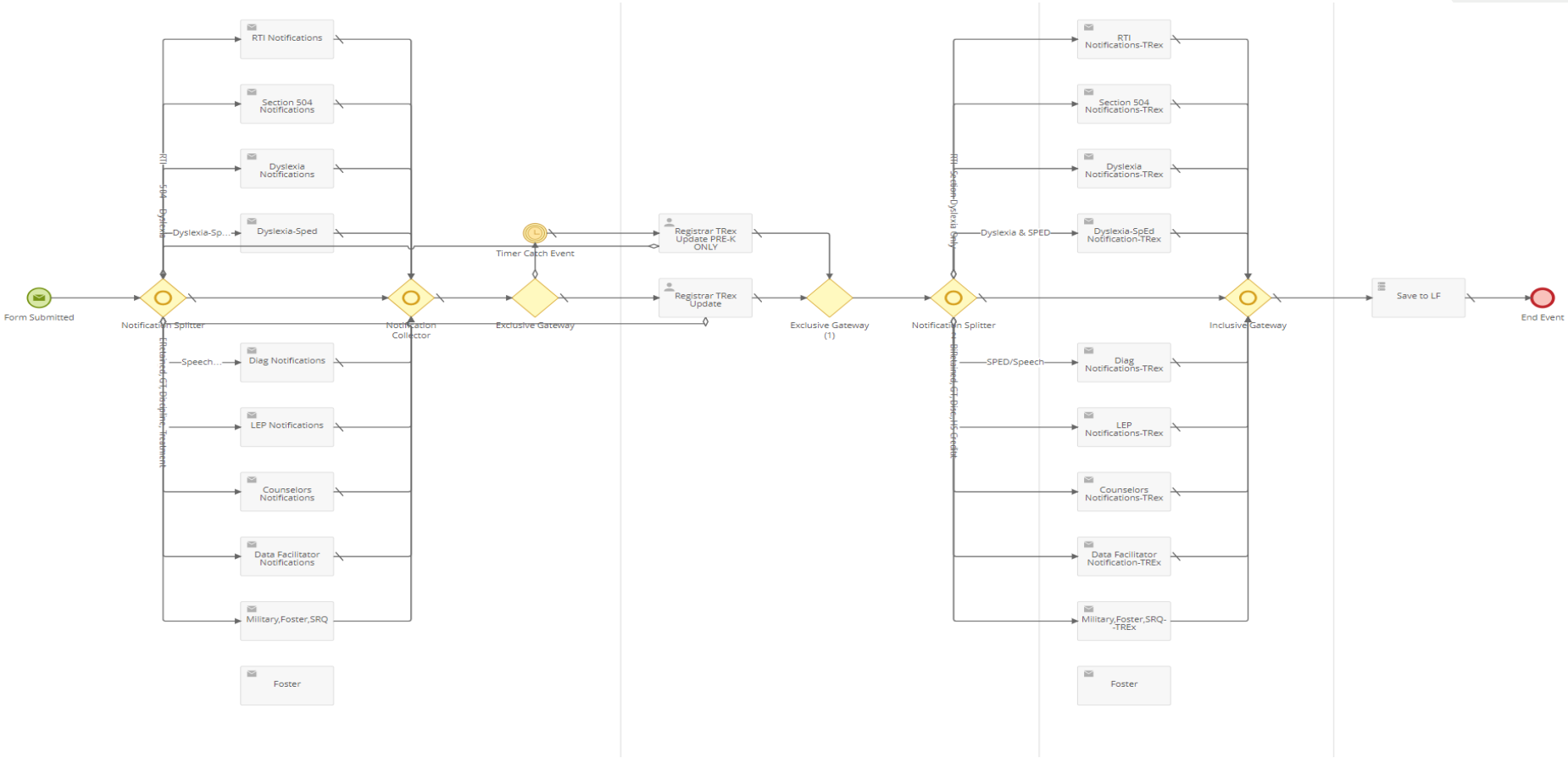
By typing my legal full name and checking the acceptance box you:

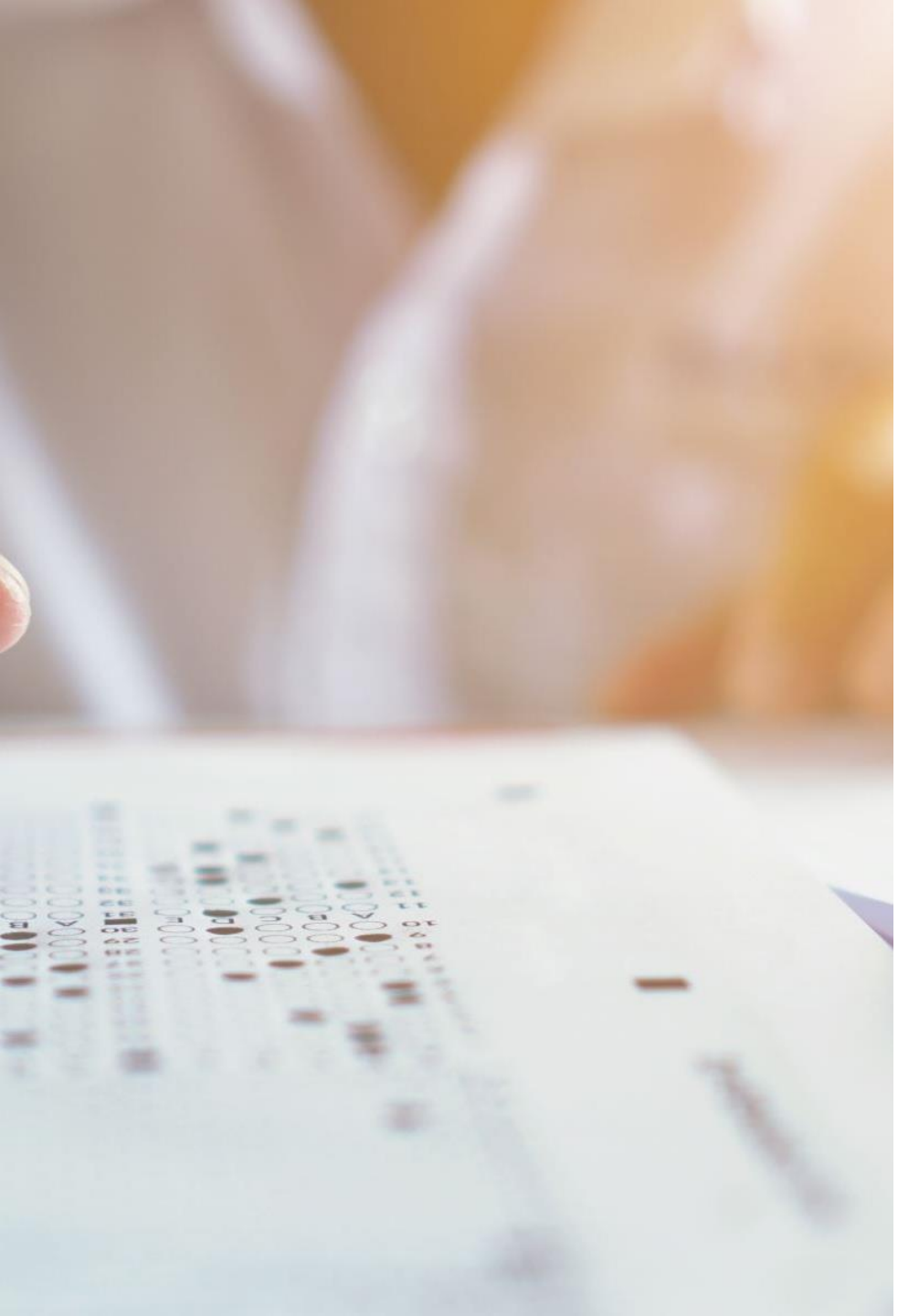
- Accept the rules of this form.
- Agree that all information contained is accurate.
- Confirm that you are the person referenced through out the form and the acceptance section.
- I verify that the above information is true and correct.

Date | Employee First & Last Name * | Employee ID * | Accept *

9/28/2022 | ☐ Accept

Business Process for Special Circumstance

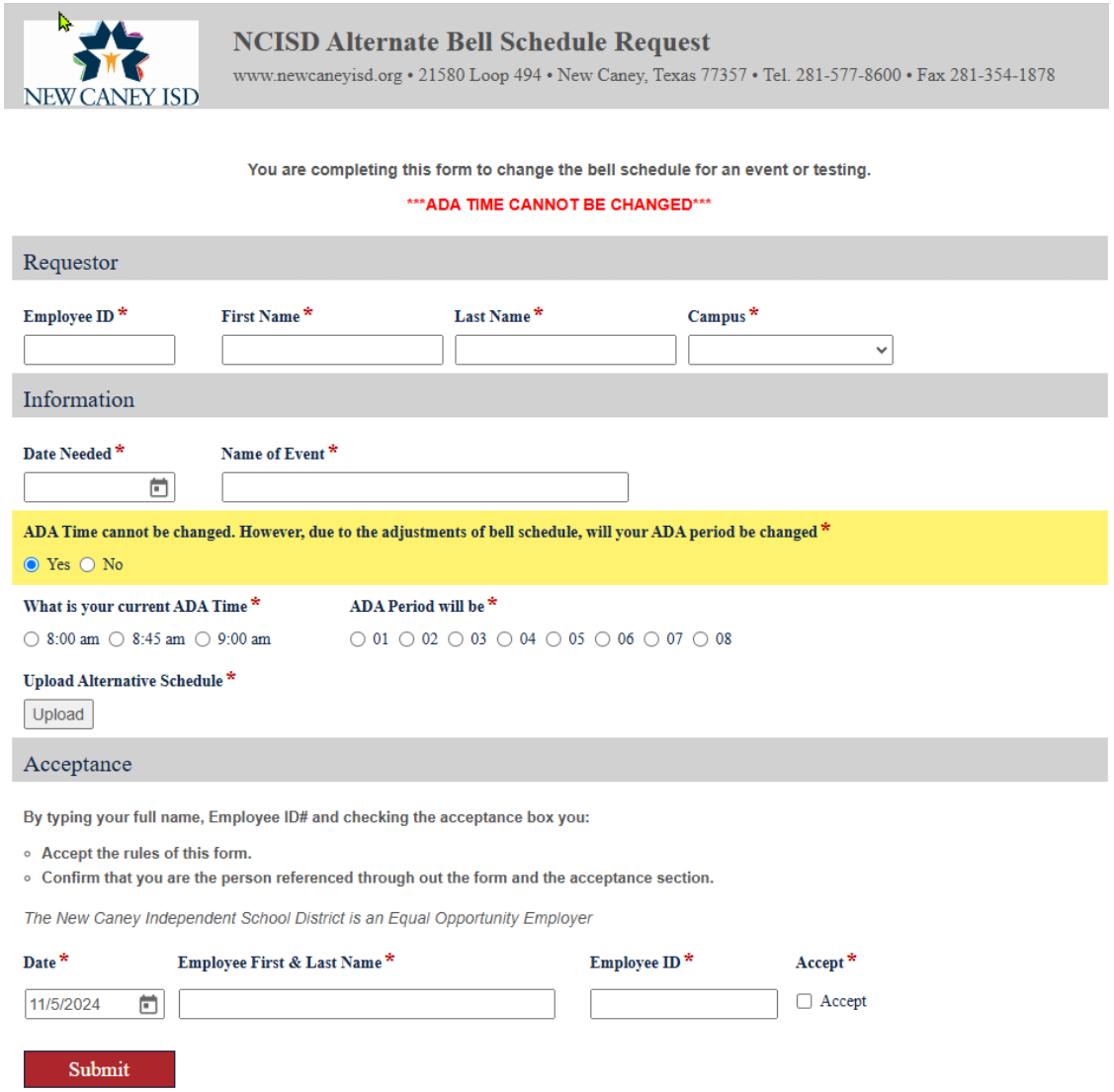




Documentation of Attempts

- Registrar/Nurse – selects by grade, letter and doc description
- If the students are missing the documents in LF it will pull all students w/in that grade by document
  - They have the option to create a doc attempt in the student's file
  - Send LF email to all parents based off the email in Skyward of what documents are missing
  - Also, with an attachment to send to the parent as well.
  - We ask the registrars to attempt up until April of the school year. We are supposed to have all registration documents every year for every student
  - We have had a few campuses reach 100% of all documentation received.

Alternate Bell Schedule Request



NCISD Alternate Bell Schedule Request

www.newcaneyisd.org • 21580 Loop 494 • New Caney, Texas 77357 • Tel. 281-577-8600 • Fax 281-354-1878

You are completing this form to change the bell schedule for an event or testing.

ADA TIME CANNOT BE CHANGED

Requestor

Employee ID * | First Name * | Last Name * | Campus *

Information

Date Needed * | Name of Event *

ADA Time cannot be changed. However, due to the adjustments of bell schedule, will your ADA period be changed *

Yes / No

What is your current ADA Time * : 8:00 am / 8:45 am / 9:00 am

ADA Period will be * : 01 / 02 / 03 / 04 / 05 / 06 / 07 / 08

Upload Alternative Schedule *

Upload

Acceptance

By typing your full name, Employee ID# and checking the acceptance box you:

- Accept the rules of this form.
- Confirm that you are the person referenced through out the form and the acceptance section.

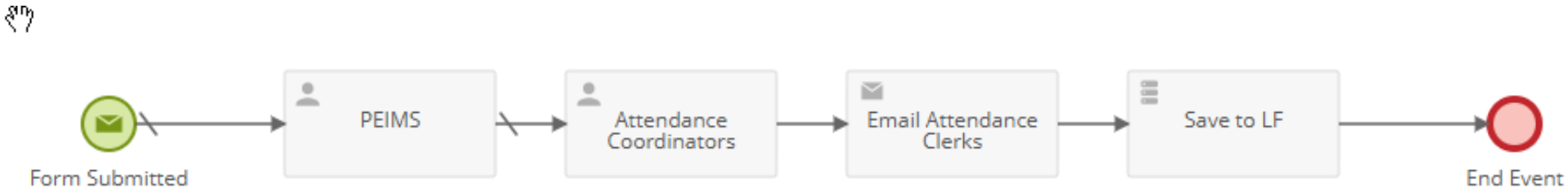
The New Caney Independent School District is an Equal Opportunity Employer

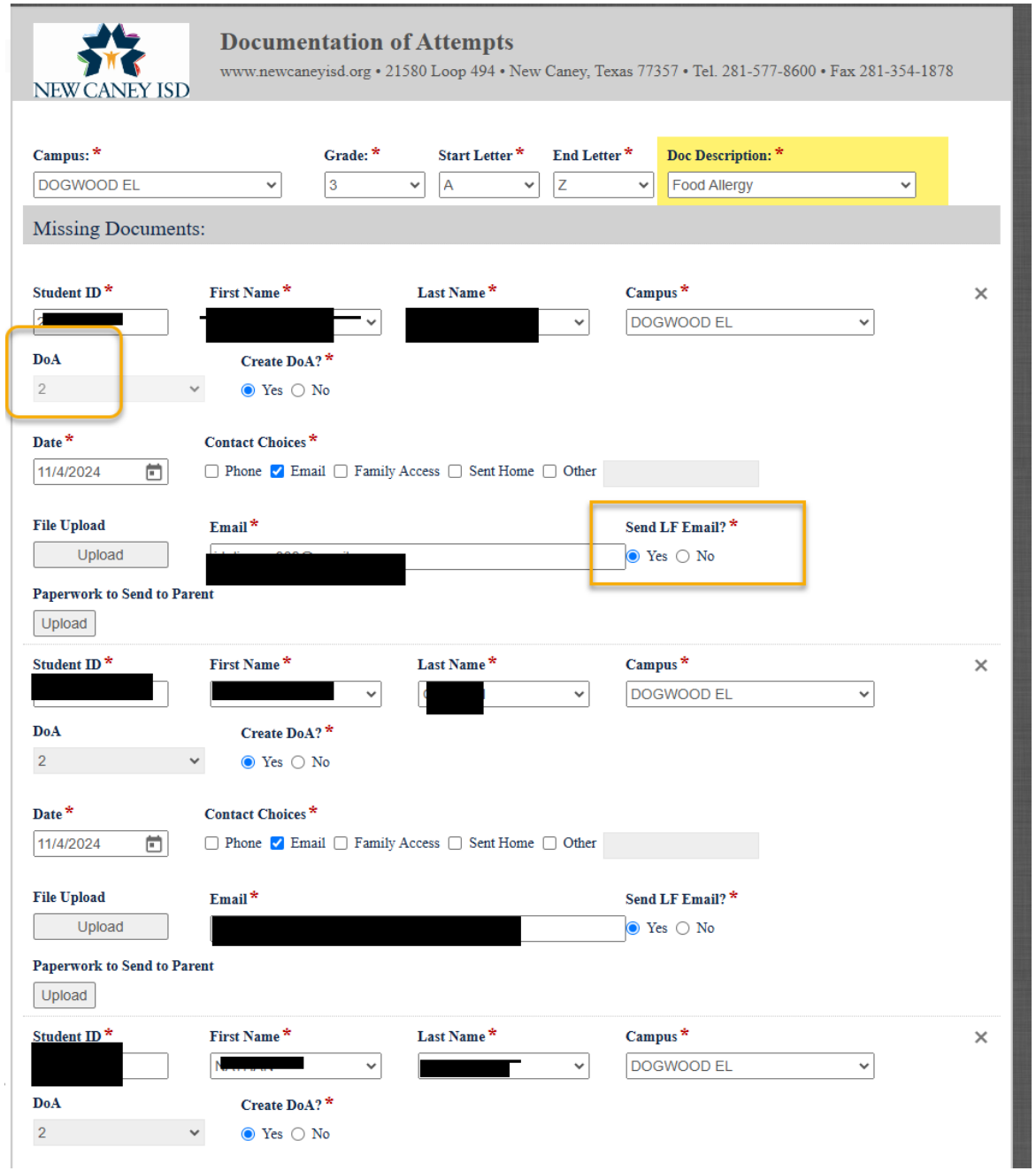
Date * | Employee First & Last Name * | Employee ID * | Accept *

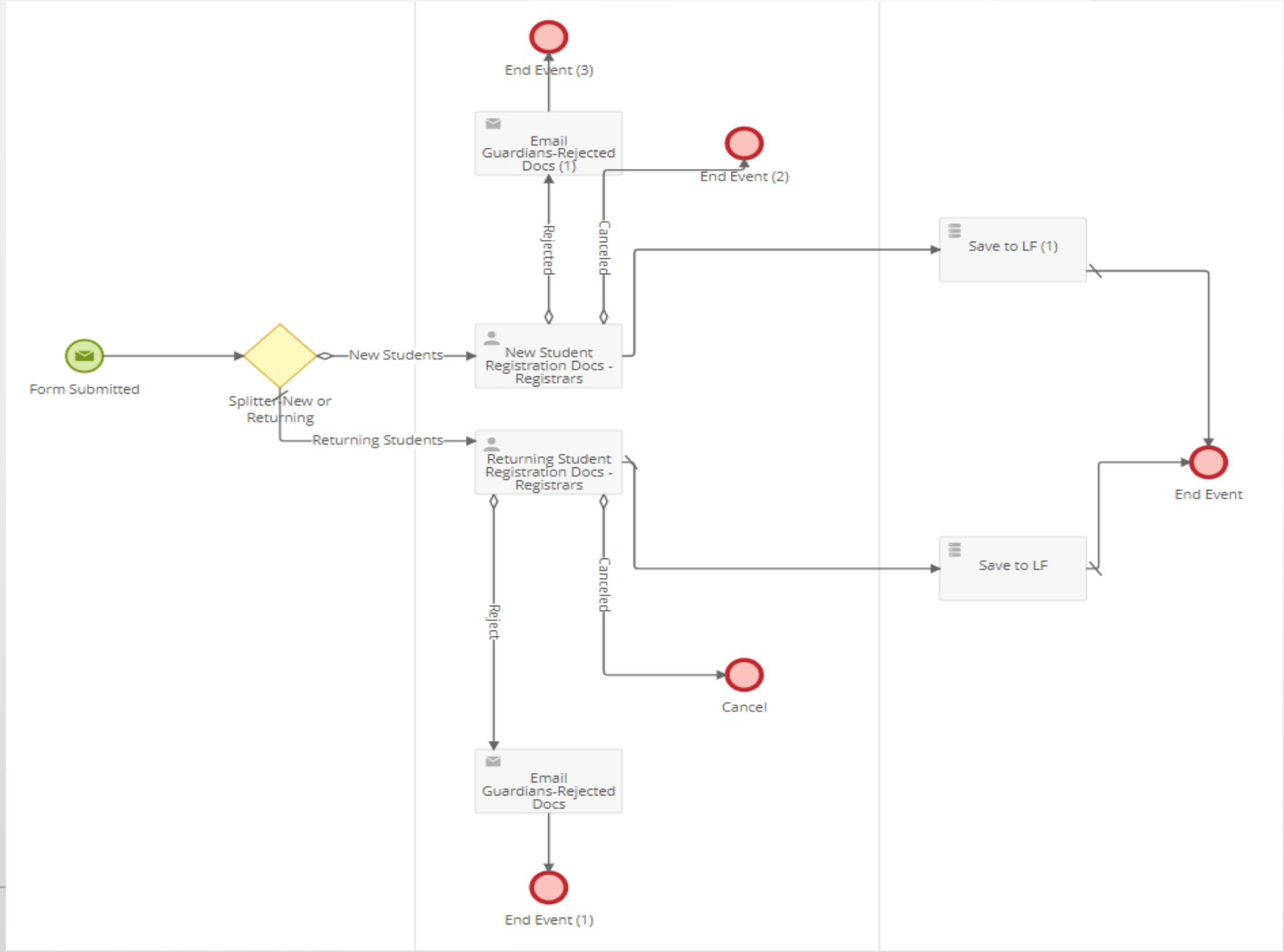
11/5/2024 | Accept

Submit

Process Diagram




NEW CANEY ISD
Documentation of Attempts
www.newcaneyisd.org • 21580 Loop 494 • New Caney, Texas 77357 • Tel. 281-577-8600 • Fax 281-354-1878
Campus: *
DOGWOOD EL
Grade: *
3
Start Letter *
A
End Letter *
Z
Doc Description: *
Food Allergy
Missing Documents:
Student ID *
First Name *
Last Name *
Campus *
DOGWOOD EL
DoA
2
Create DoA? *
Yes
No
Date *
11/4/2024
Contact Choices *
Phone
Email
Family Access
Sent Home
Other
File Upload
Upload
Email *
Send LF Email? *
Yes
No
Paperwork to Send to Parent
Upload
Student ID *
First Name *
Last Name *
Campus *
DOGWOOD EL
DoA
2
Create DoA? *
Yes
No
Date *
11/4/2024
Contact Choices *
Phone
Email
Family Access
Sent Home
Other
File Upload
Upload
Email *
Send LF Email? *
Yes
No
Paperwork to Send to Parent
Upload
Student ID *
First Name *
Last Name *
Campus *
DOGWOOD EL
DoA
2
Create DoA? *
Yes
No


End Event (3)
Email Guardians-Rejected Docs (1)
End Event (2)
Rejected
Canceled
Save to LF (1)
Form Submitted
Splitter-New or Returning
New Students
New Student Registration Docs - Registrars
Returning Students
Returning Student Registration Docs - Registrars
End Event
Save to LF
Reject
Canceled
Cancel
Email Guardians-Rejected Docs
End Event (1)

Michelle Loth – mloth@newcaneyisd.org

Tammy Yarbrough – tyarbrough@newcaneyisd.org