

LEVELLAND INDEPENDENT SCHOOL DISTRICT

Quality Control and Review of PEIMS Reports

Name of Campus: _____

Date: _____

Reporting Period: _____

The following areas, if appropriate, have been reviewed for thoroughness and accuracy:

Area	Reviewer(Please sign)
General Attendance	_____
Special Education	_____
Career and Technology	_____
Bilingual/ESL	_____
Prekindergarten	_____
Gifted and Talented	_____
Pregnancy Related Services	_____
Economically Disadvantaged	_____
At-risk	_____
Migrant	_____

Please submit this form to Jerry Beard at Central Office on or before the following date:

Signature of Building Principal: _____