

PEIMS for Principals Workshop – TASBO Office/Online

Monday, September 27 | 9:00 am to 4:00 pm

TASBO Office/Online | 5920 West William Cannon, Bld. 1, Ste. 200 | Austin, TX 78749

This interactive and informative workshop with practical exercises will increase understanding of campus data that is reported to PEIMS, how to improve data quality, obtaining guidance for campus decisions surrounding attendance and scheduling, how to review reports as required by TEA.

Agenda:

- What is PEIMS?
- Laws, Codes, and Rules
- Responsibilities,
- General Attendance-Taking Rules
- Time of Day for Attendance Taking
- Average Daily Attendance (ADA) Coding vs. Scheduling
- Funding
- Master Schedule Development
- 90% Credit/Final Grade Denial
- Compulsory Attendance/Truancy

In-Person (Limited Seating Available)

Online via Zoom

TARGET AUDIENCE: Principals, Academic Deans, Assistant Principals, PEIMS coordinators and anyone at the campus or district administrative level.

FEE: \$225 Member | \$275 Non-Member

LUNCH: Provided by TASBO

PREREQUISITE: None

CEU/CPE Hours: 6/7

About TASBO Events: Seating is limited, so register early. If you or (someone attending with you) need ADA assistance to participate, please call us at 512-628-1283.

Cancellation Policy: Cancellations are only accepted **in writing**. Cancellations received seven (7) working days before the event are cancelled in full, those received one (1) to six (6) working days before the event are cancelled at 50 percent, and cancellations are not accepted the day of or after the event. If you do not cancel and/or do not attend, you are still responsible for payment. If TASBO cancels an event, you will be refunded in full.

Register online at TASBO.org or return completed form by:

Mail: PO Box 91929; Austin, TX 78709

Fax: 512.462.1782

Email: register@tasbo.org (DO NOT email CC info)

Please PRINT clearly.

Name: _____ Title: _____

District/Employer (*do not abbreviate*): _____

Contact Phone: _____ Email: _____

Payment Method: PO _____ Check Enclosed Credit Card

Cardholder Name: _____ Daytime Phone: _____

Card Number: _____ EXP (MM/YY): _____

Billing Address: _____

Cardholder Signature: _____