

### Data Items for December 1, 2005

| No. | Item Name         | Data Entry Codes                   | Explanations / Comments                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 1   | Student ID Number | XXXXXXXXXX (10 or less)            | <p>FIELD TYPE: Numeric or alpha/numeric (no special characters)</p> <p>LENGTH: Ten (10) or less</p> <p>DEFINITION: A student ID consists of no more than 10 characters unique to each student with a disability and/or gifted student in the LEA. An ID must be assigned to all students</p> <p>AUTHORITY: BSE Requirement</p> <p>SOURCE: Check with School District/Intermediate Unit</p> <p>USE: Federal Child Count Verification, Compliance Monitoring</p> |
| 2   | Last Name         | XXXXXXXXXXXXXXXXXXXXX (Unl)        | <p>FIELD TYPE: Text</p> <p>LENGTH: Unlimited</p> <p>DEFINITION: Legal last name of the student. Suffixes may be included with last name, with a space after the last name and no punctuation, e.g., Smith Jr</p> <p>AUTHORITY: BSE Requirement</p> <p>SOURCE: ER and/or IEP</p> <p>USE: Federal Child Count Verification, Compliance Monitoring</p>                                                                                                            |
| 3   | First Name        | XXXXXXXXXXXXXXXXXXXXX (Unl)        | <p>FIELD TYPE: Text</p> <p>LENGTH: Unlimited</p> <p>DEFINITION: Legal first name of the student. Do not include quotes or punctuation</p> <p>AUTHORITY: BSE Requirement</p> <p>SOURCE: ER and/or IEP</p> <p>USE: Federal Child Count Verification, Compliance Monitoring</p>                                                                                                                                                                                   |
| 4   | Middle Initial    | (Blank) No middle initial<br>X (1) | <p>FIELD TYPE: Text</p> <p>LENGTH: One (1)</p> <p>DEFINITION: Legal middle name of the student. Required if the student has a middle name, no punctuation</p> <p>AUTHORITY: BSE Requirement</p> <p>SOURCE: ER and/or IEP</p> <p>USE: Federal Child Count Verification, Compliance Monitoring</p>                                                                                                                                                               |

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| 5 | Birth Date        | MMDDYYYY (8)                                                                                                                                                            | <p>FIELD TYPE: Numeric<br/> LENGTH: Eight (8)<br/> DEFINITION: Date of birth. Leading zeros must be used where applicable, e.g., 01011988<br/> AUTHORITY: BSE Requirement<br/> SOURCE: ER and/or IEP<br/> USE: Federal Reports, Statistical Summary, Compliance Monitoring</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6 | Gender            | 01 Female<br>02 Male                                                                                                                                                    | <p>FIELD TYPE: Numeric<br/> LENGTH: Two (2)<br/> DEFINITION:</p> <ul style="list-style-type: none"> <li>• Gender of the student</li> <li>• Leading zeros must be used</li> </ul> <p>AUTHORITY: <b>IDEIA 2004</b><br/> SOURCE: Student cumulative file<br/> USE: <b>Federal Reports</b>, Compliance Monitoring</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7 | Ethnic Background | 01 American Indian or Alaskan Native<br>02 Asian or Pacific Islander<br>03 Black or African American (Not-Hispanic)<br>04 Hispanic or Latino<br>05 White (Not-Hispanic) | <p>FIELD TYPE: Numeric<br/> LENGTH: Two (2)<br/> DEFINITION:</p> <ul style="list-style-type: none"> <li>• <i>American Indian or Alaska Native</i> - a person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.</li> <li>• <i>Asian or Pacific Islander</i> - a person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. The Pacific Islands included Hawaii, Guam, and Samoa.</li> <li>• <i>Black or African American (Not Hispanic)</i> - a person having origins in any of the Black racial groups of Africa.</li> <li>• <i>Hispanic or Latino</i> - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</li> <li>• <i>White (Not Hispanic)</i> - a person having origins in any of the original people of Europe, the Middle East, or North Africa.</li> </ul> <p>AUTHORITY: Federal Reporting<br/> SOURCE: Student cumulative file<br/> USE: Federal and State Reports, Over-Under Representation Reports, Legislative Inquiries</p> |

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| 8  | Limited English Proficient (LEP)<br><br>(School-Age Program) | (Blank) Student is <u>not</u> LEP<br>(Blank) Gifted without Disability<br>01 LEP student                                                                                                                                                                                                                                                                                                                                                       | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION: Student is in the process of acquiring English as a second language<br>AUTHORITY: IDEIA 2004<br>SOURCE: IEP-Special Considerations<br>USE: Federal Reports, Annual Performance Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9  | Grade                                                        | PS EI Preschool<br>KH Half-day Kindergarten<br>KF Full-day Kindergarten<br>01-12 Grade                                                                                                                                                                                                                                                                                                                                                         | FIELD TYPE: Alpha or Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>Grade of the student</li> <li>If grade needs to be determined, the student's age may be used to make this determination. Example, grade 05 (age 10), or grade 08 (age 13), or grade 11 (age 16)</li> <li>This Item is used to determine which general education curriculum will be used (IDEA requirement) and Item 24 (Planned Participation in the PSSA / PASA)</li> <li><b>PS is for MAWA agency use only. Note that K4 special education program is responsibility of MAWA agency</b></li> </ul> AUTHORITY: 34CFR300.139<br>SOURCE: IEP<br>USE: Federal Annual Report                                                                                                                               |
| 10 | Disability Category                                          | 21 Autism<br>13 Deaf-Blindness<br>15 Developmental Delay (3-6 in EI Program)<br>10 Emotional Disturbance<br>05 Gifted without Disability<br>02 Hearing Impairment including Deafness<br>06 Mental Retardation<br>16 Multiple Disabilities<br>09 Orthopedic Impairment<br>22 Other Health Impairment<br>04 Specific Learning Disability<br>11 Speech or Language Impairment<br>01 Traumatic Brain Injury<br>12 Visual Impairment incl Blindness | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>Disability of the student. See 34CFR300.7, 22 PA Code Chapter 14</li> <li>If the student is gifted <u>and</u> has a disability, report the disability in Item 10, and gifted as Code 05 in Item 11</li> <li>If the student is gifted <u>without</u> a disability, report the student here as Code 05, blank in Item 11</li> <li>Code 15 applies only to student in EI programs</li> <li>If student is Code 05, the following items may be left blank: 19, 22, 23, 24</li> </ul> AUTHORITY: 34CFR300.7, 1372 PA School Code, 22 PA Code Chapter 14, 22 PA Code Chapter 16, Chapter 711 of PA School Code<br>SOURCE: ER<br>USE: Federal Reports, Statistical Summary, Federal Annual Report, Compliance Monitoring |

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| 11 | Secondary Disability Category | (Blank) None<br>21 Autism<br>13 Deaf-Blindness<br>10 Emotional Disturbance<br>05 Gifted<br>02 Hearing Impairment including Deafness<br>16 Multiple Disabilities<br>09 Orthopedic Impairment<br>22 Other Health Impairment<br>04 Specific Learning Disability<br>11 Speech or Language Impairment<br>01 Traumatic Brain Injury<br>12 Visual Impairment including Blindness | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>Secondary disability of the student, if applicable. See 34CFR300.7, 22 PA Code Chapter 16</li> <li>If the student is gifted <u>and</u> has a disability, report the disability in Item 10, and gifted as Code 05 in Item 11</li> </ul> AUTHORITY: 34CFR300.7, 1372 PA School Code, 22 PA Code Chapter 14, 22 PA Code Chapter 16<br>SOURCE: ER<br>USE: Federal Reports, Statistical Summary, Federal Annual Report, Compliance Monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 12 | Residency                     | (Blank) Resident<br>01 Ward of State<br>02 1302 (Living with Adult other than Parent)<br>05 1305 (Foster Home)<br>06 1306 (e.g., Institutionalized, Group Homes, PRRI's)                                                                                                                                                                                                  | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>This field describes the residency status of the student according to special conditions in Section 13 of the PA School Code</li> <li>Code 01, Ward of State: A student under the custody of the county for legal guardianship</li> <li>Code 02, 1302 (Living with Adult other than Parent): A student shall be considered a resident of the district in which his guardian resides</li> <li>Code 05, 1305 (Foster Home): Students placed in the home of a resident of any school district by order of court or by arrangement with an association, agency, or institution having the care of neglected and dependent children</li> <li>Code 06, 1306 (e.g., Institutionalized settings, Group Homes, PRRI's): Students placed in institutions for the care or training of orphans or other children within the boundaries of a district shall be permitted to attend public school in said district. <u>These students are reported by the home district, not the host district</u></li> </ul> AUTHORITY: 24 PS 13-1305<br>SOURCE: Student cumulative file, business manager of the district<br>USE: Legislative Inquiries, Compliance Monitoring |

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| 13 | Home District                                  | AUN (9)                                                                                                                                                                                                                                                                                                                                  | <p>FIELD TYPE: Numeric<br/> LENGTH: Nine (9)<br/> DEFINITION:</p> <ul style="list-style-type: none"> <li>• AUN of the district in which the parent or guardian resides</li> <li>• Charter schools are LEAs, have assigned AUNs, and must be reported by the IU in which the charter was granted</li> <li>• Cyber charter schools are LEAs, have assigned AUNs, and must be reported by the IU in which the cyber school was granted</li> <li>• Ward of state: report as (1+IU+999999), e.g., 103999999</li> </ul> <p>AUTHORITY: BSE Requirement<br/> SOURCE: ER and/or IEP will indicate the Home District, cross-referenced with PDE AUN list located at <a href="http://edna.ed.state.pa.us/aun_listing.asp">http://edna.ed.state.pa.us/aun_listing.asp</a><br/> USE: Compliance Monitoring, Statistical Summary</p> |
| 14 | Building                                       | XXXXXXXXXXXXXXXXXXXXX (Unl)                                                                                                                                                                                                                                                                                                              | <p>FIELD TYPE: Text<br/> LENGTH: Unlimited<br/> DEFINITION: Building the student attends<br/> AUTHORITY: BSE Requirement<br/> SOURCE: IEP (Location of Program)<br/> USE: Compliance Monitoring</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 15 | Regional Area Offices<br><br>(Philadelphia SD) | <p>(Blank) N/A</p> <p>01 South RAO<br/> 02 Southwest RAO<br/> 03 Central RAO<br/> 04 West RAO<br/> 06 Northwest RAO<br/> 07 Central East RAO<br/> 08 North RAO<br/> 09 East RAO<br/> 10 Northeast RAO<br/> 12 <b>Center City RAO</b><br/> 13 <b>Creative Action RAO</b><br/> 14 <b>EMO RAO</b></p> <p>11 <b>ELWYN (EI-Preschool)</b></p> | <p>FIELD TYPE: Numeric<br/> LENGTH: Two (2)<br/> DEFINITION: Student's assignment to a region in Philadelphia School District<br/> AUTHORITY: BSE Requirement<br/> SOURCE: School District of Philadelphia<br/> USE: Compliance Monitoring</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| 16 | Service Provider                            | (Blank) Same as Home District<br>AUN (9)                                                                                                                                                                                                                      | FIELD TYPE: Numeric<br>LENGTH: Nine (9)<br>DEFINITION: AUN of the special education service provider (Items 17 and 18)<br>AUTHORITY: BSE Requirement<br>SOURCE: IEP and/or Notice of Recommended Educational Placement will indicate the Service Provider, cross-referenced with PDE AUN list located at <a href="http://edna.ed.state.pa.us/aun_listing.asp">http://edna.ed.state.pa.us/aun_listing.asp</a> , or Program Supervisor<br>USE: Compliance Monitoring                                                                                                                                                                               |
| 17 | Type of Service<br><br>(School Age Program) | (Blank) Student in EI <b>Preschool</b> Program<br>01 Itinerant<br>02 Resource<br>03 Part-time<br>04 Full-time<br>05 Gifted                                                                                                                                    | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>• Special education services the student is receiving. See 22 PA Code Chapter 14.141</li> <li>• Indicate type of service the student is receiving</li> <li>• Leading zeros must be used where applicable</li> <li>• This item must be blank for students in EI <b>Preschool</b> (Code PS in Item 9)</li> <li>• Code 05 must be used with Code 05 in item 10</li> </ul> AUTHORITY: 22 PA Code Chapter 14, Section 14.141<br>SOURCE: IEP and/or Notice of Recommended Educational Placement (see also annotated IEP)<br>USE: Compliance Monitoring |
| 18 | Type of Support<br><br>(School Age Program) | (Blank) Student in EI <b>Preschool</b> Program<br>26 Autistic<br>10 Blind or Visually Impaired<br>06 Deaf or Hearing Impaired<br>04 Emotional<br>11 Gifted<br>01 Learning<br>02 Life Skills<br>03 Multi-Disabilities<br>08 Physical<br>07 Speech and Language | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>• Services provided to students based on their needs. See 22 PA Code Chapter 14.141</li> <li>• Indicate type of support the student is receiving</li> <li>• Leading zeros must be used where applicable</li> <li>• Code 11 must be used with Code 05 in Item 10</li> </ul> AUTHORITY: 22 PA Code Chapter 14, Section 14.141<br>SOURCE: IEP and/or Notice of Recommended Educational Placement (see also annotated IEP)<br>USE: Compliance Monitoring                                                                                             |

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| 19 | <p>LRE Category/<br/>Location of<br/>Intervention</p> <p>(School Age<br/>Program)</p> | <p>(Blank) Student in EI <b>Preschool</b> Program<br/>(Blank) Gifted without Disability</p> <p><u>Codes for students being educated in regular buildings with non-disabled students</u></p> <p>19 Special Education Outside the Regular Class Less Than 21% of the Day<br/>20 Special Education Outside the Regular Class At Least 21% of the Day (21-60%)<br/>21 Special Education Outside the Regular Class More than 60% of the Day (61% or more)</p> <p><u>Codes for students being educated in other locations</u></p> <p>01 Approved Private School (Non Residential)<br/>02 Approved Private School (Residential)<br/>16 Other Private Separate Facility (Non Residential)<br/>06 Other Private Facility (Residential)<br/>05 Public Separate Facility (Residential)<br/>12 Public Separate Facility (Non Residential)<br/>09 Hospital/Home Bound<br/>18 Correctional Facility<br/>14 Out of State Facility<br/>15 Instruction in the Home</p> | <p>FIELD TYPE: Numeric<br/>LENGTH: Two (2)<br/>DEFINITION:</p> <ul style="list-style-type: none"> <li>Students with disabilities must be educated in regular public school buildings with non-disabled students to the extent possible. See 34CFR300.550</li> <li>Codes 01 and 02: use only for students in Approved Private Schools</li> <li>Code 12 may be used for students in Centers</li> <li>Code 05 may be used for Institutionalized Residential Programs, or State Residential Programs</li> <li>Codes 09, 14, 15: indicate where appropriate</li> <li>Code 18: School district in which the county prison is located is responsible for reporting students receiving special education services in county prisons. The State Correctional Facilities and State Juvenile Facilities listed in Appendix A are reported by the Department of Corrections</li> <li>Use codes 19, 20, 21 for students with Services Plans (Item 23)</li> <li>Codes 06 and 16: use for other private schools, e.g., Licensed Private Academic Schools</li> <li>Leading zeros must be used where applicable</li> <li>This item must be blank for students in EI <b>Preschool</b> (Code PS, Item 9)</li> <li>This item may be left blank for gifted without disability students (Code 05 in Item 10)</li> </ul> <p>AUTHORITY: BSE Requirement<br/>SOURCE: IEP (see also annotated IEP)<br/>USE: Federal Reports</p> |
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| 20 | Related Services /<br>Supplementary<br>Aids and Services<br><br>(Multiple<br>Responses<br>Possible) | (Blank) Student is not receiving Related<br>Services<br>01 Transportation<br>02 Audiological Services<br>03 Psychological Services<br>04 Physical Therapy<br>05 Occupational Therapy<br>06 Counseling Services<br>07 School Health Services<br>08 Social Work Services<br>09 Parent Counseling, Training<br>10 Speech and Language<br>Pathology/Therapy<br>11 Adaptive Physical Education<br>12 Behavior Intervention Program<br>13 Assistive Technology Devices and<br>Services<br>14 Rehabilitation Counseling<br>15 Interpreter<br>16 Orientation and Mobility<br>17 Mental Health Services provided by<br>other than IU/SD<br>18 Other | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>Services required to assist a student with a disability to benefit from special education</li> <li>Multiple responses possible</li> <li>Code 18: Use for "other" related services</li> <li>Leading zeros must be used where applicable</li> </ul> AUTHORITY: 34CFR300.24, BSE Requirement<br>SOURCE: IEP<br>USE: EI <b>Preschool</b> Annual Report to the Governor, Legislative Inquiries |
| 21 | Teacher's Last<br>Name                                                                              | XXXXXXXXXXXXXXXXXXXXXXX (Unl)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIELD TYPE: Text<br>LENGTH: Unlimited<br>DEFINITION: Legal last name of the teacher providing the majority of the special education services (Items 17 and 18)<br>AUTHORITY: BSE Requirement<br>SOURCE: IEP<br>USE: Compliance Monitoring                                                                                                                                                                                                                                                 |



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| 22 | Transition<br><br>(16 or Older--<br>School Age<br>Program)      | (Blank) Students is less than 16, or<br>(Blank) Gifted without Disability<br>01 Post Secondary Education/Training<br>02 Employment | <p>FIELD TYPE: Numeric<br/>LENGTH: Two (2)<br/>DEFINITION:</p> <ul style="list-style-type: none"> <li>Coordinated set of activities designed within an outcome-oriented process that promotes movement from school to post school. See 34CFR300.29</li> <li>Indicate which outcome best represents the post-school plan for the student</li> <li>This item may be left blank for gifted without disability students (Code 05 in Item 10)</li> </ul> <p>AUTHORITY: BSE Requirement<br/>SOURCE: IEP<br/>USE: Federal Annual Report</p>                                                                                                                                                                                                                                                                                                              |
| 23 | Services Plan for<br>Students in Non-<br>Public Schools<br>Date | (Blank) Student has IEP, or<br>(Blank) Gifted without Disability<br>MMDDYYYY (8)                                                   | <p>FIELD TYPE: Numeric<br/>LENGTH: Eight (8)<br/>DEFINITION:</p> <ul style="list-style-type: none"> <li>The date of the Services Plan for Students in Non-Public Schools. See 34CFR300.454-455</li> <li>This item applies to equitable participation requirement; students receiving a Services Plan who are placed unilaterally in a non-public school by their parents</li> <li>These students are not to be confused with students receiving services under PA Chapter 15 Protected Handicapped Students</li> <li>Leave this item blank if the student has an IEP</li> <li>This item may be left blank for gifted without disability students (Code 05 in Item 10)</li> </ul> <p>AUTHORITY: 34CFR300.454-455<br/>SOURCE: Services Plan for students in non-public schools<br/>USE: Federal Child Count Verification, Compliance Monitoring</p> |

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| 24 | Planned Participation in PSSA / PASA<br><br><b>(Report for grades 3, 4, 5, 6, 7, 8, 11)</b> | (Blank) <b>Student in grade K, 1, 2, 9, 10, 12</b><br>(Blank) Gifted without Disability<br>01 Participation in PSSA<br>02 Participation in PSSA with Accommodations<br>03 Pennsylvania Alternate Statewide Assessment (PASA)<br>04 Religious Exemption                                                                                                                                                                                                                                                 | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><ul style="list-style-type: none"> <li>How the student will participate in statewide assessments</li> <li>Religious Exemption: Students may be excused from the PSSA / PASA if their parents refuse participation and that refusal is possible only after the parents have reviewed the test content and declared it to be inappropriate on religious grounds</li> <li>Leading zeros must be used</li> <li>This item may be left blank for gifted without disabilities students (Code 05 in Item 10)</li> </ul> AUTHORITY: 34CFR300.139, 22 PA Code Chapter 4<br>SOURCE: IEP<br>USE: Federal Annual Report, Compliance Monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 25 | EI Preschool Program Status for Funding                                                     | (Blank) Student is in a School Age program<br>01 Transitioned from DPW to MAWA program at 3.<br>02 EI Preschool program - not in transition status.<br>03 <b>K</b> eligible in home district, but remaining in EI <b>Preschool</b> for K year.<br>04 EI <b>Preschool</b> eligible in July & August, K eligible in September and exiting.<br>05 <b>K</b> eligible previous year, exiting to School Age in September.<br>06 All APS children including transition from infant/toddler and to School Age. | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITIONS:<br><b>These Codes show the status of the child (for funding purposes) for the fiscal year as opposed to a single point in time.</b> <ul style="list-style-type: none"> <li><u>01</u>- TRANSITIONED from DPW to MAWA PROGRAM at 3: Code 01 is to be used only in the transition year from an infant/toddler program. <b>Be sure to change Code 01 as the child progresses through the program.</b> APS transition children will be included in the APS category (code 06). <b>Code 01 needs to stay 01 throughout the program year to enable PDE to capture, in the aggregate, children who transitioned during the program year. For a child who turns 3 and transitions from DPW between July 1 and June 30 of any program year, change Code 01 to Code 02 during July 1 to September 30 of the next program year. EX: For a child who turned 3 and entered preschool from DPW on July 1, 2004, change 01 to 02 during July 1 to September 30, 2005.</b></li> <li><u>02</u>- EI PRESCHOOL PROGRAM NOT IN TRANSITION STATUS: Code 02 is to be used only for children who entered directly to the MAWA program, or who were code 01 the previous year, and who are not in either transition category. <b>Child is in an EI Preschool program, funded by EI all year. Change Code 02 to 03 or 04</b></li> </ul> |

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|  |  |  | <p><b>anytime between September 1 and October 30.</b></p> <ul style="list-style-type: none"> <li>• <b>03- K ELIGIBLE IN HOME DISTRICT BUT REMAINING IN EI PRESCHOOL FOR K YEAR:</b><br/>Code 03 is to be used only for children who are kindergarten eligible (based on their home district) remaining in an early intervention program for their kindergarten year. These children will be counted as MAWA eligible during July &amp; August and become K-eligible from September through June 30 for an accurate <b>K</b> year accounting. <b>While the child remains in the EI Preschool Program in July and August, EI funding applies. In September, when the child is K eligible but remaining in the EI Preschool Program, School Age (SA) funding applies. Change Code 03 to 05 anytime between September 1 and October 30</b></li> <li>• <b>04- EI PRESCHOOL ELIGIBLE IN JULY AND AUGUST, K ELIGIBLE IN SEPTEMBER AND EXITING:</b><br/><b>Use Code 04 only for those children who would be transitioning from 02 to 04 in July &amp; August, K eligible who are exiting to the school district and not staying in EI Preschool for the K year. These children will be counted as eligible during July and August at the end of their EI Preschool program. Child is in an EI Preschool Program and funded by EI July &amp; August, but in a SA program funded by SA the rest of the year</b></li> <li>• <b>05- K ELIGIBLE IN THE PREVIOUS YEAR BUT STAYED IN EI PRESCHOOL EXITING TO SA IN SEPTEMBER:</b><br/>Code 05 is to be used only for those children who were K eligible in the previous year (<b>Code 03</b>) and are exiting to a SA program. They are counted as K eligible for July and August. <b>Child is in an EI Preschool program July &amp; August that is funded by SA program then the child enters a SA program funded by SA the rest of the year</b></li> <li>• <b>06- ALL APS CHILDREN INCLUDING TRANSITION FROM DPW AND TO SCHOOL AGE:</b><br/>All children regardless of transition status, who are the responsibility of the MAWA agency in a program year.</li> <li>• <b>For more information, refer to Appendix E “Flowchart for EI Preschool Program Status for Funding (Item 25)</b></li> <li>• An unduplicated count will be comprised of Codes 01, 02, 03, 04, 05 and 06</li> </ul> |
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|    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>The eligible count will be comprised of Codes 01, 02, 03, 04, 06</li> <li>The <b>K</b> eligible count will be comprised of 03 and 05</li> <li>Leading zeros must be used</li> </ul> <p>AUTHORITY: PA Act 212 of 1990, PA Act 30 of 1997, BEC 11 P.S. 875-304</p> <p>SOURCE: <b>EI</b> Preschool Supervisor</p> <p>USE: EI Annual Report to the Governor, Compliance Monitoring, State Interagency Coordinating Council, Legislative Appropriation Requests, <b>Federal Annual Report</b></p>                                                                                                                                                              |
| 26 | <b>EI</b> Preschool Referral Source        | <p>(Blank) Student is in a School Age program</p> <p>01 Hospitals (including prenatal and postnatal care facility)</p> <p>02 Physicians</p> <p>03 Parents</p> <p>04 Child Care / Day Care Programs</p> <p><b>05 Local Educational Agency</b></p> <p>06 Transition from DPW</p> <p>07 Public Health Facility</p> <p>08 EPSDT Screening Facility</p> <p>09 Other Social Service Agencies</p> <p>10 Other Health Care Providers</p> <p><b>11 Early Childhood Program</b></p> | <p>FIELD TYPE: Numeric</p> <p>LENGTH: Two (2)</p> <p>DEFINITION: Identify the source of the referral. Leading zeros must be used where applicable</p> <p>AUTHORITY: 34CFR300.125, PA Act 212 of 1990 -305(a)(c 1-6)</p> <p>SOURCE: <b>EI</b> Preschool Supervisor</p> <p>USE: Compliance Monitoring, Child Find</p> <p><b>04: Use when the referral comes from either a DPW-licensed child care / day care program or a family child care / day care</b></p> <p><b>05: Does not include K4</b></p> <p><b>11: Use when the referral comes from an early childhood program, for example, Head Start, K4, or a typical nursery school program</b></p>                                               |
| 27 | <b>EI</b> Preschool Levels of Intervention | <p>(Blank) Student is in a School Age program</p> <p>01 Supportive intervention</p> <p>02 Supplemental <b>intervention</b></p> <p>06 <b>Specialized intervention</b></p>                                                                                                                                                                                                                                                                                                  | <p>FIELD TYPE: Numeric</p> <p>LENGTH: Two (2)</p> <p>DEFINITION:</p> <ul style="list-style-type: none"> <li><b>01: SUPPORTIVE INTERVENTION</b> <ul style="list-style-type: none"> <li>✓ The least intensive Level of Intervention</li> <li>✓ Based on the child's needs, services are designed to support the child's independent functioning in appropriate preschool activities through the use of modifications to the educational environment and individualization for the child</li> <li>✓ The intent is that there would be a reduction of direct special education services as the year progresses</li> <li>✓ Special education and related services may include:</li> </ul> </li> </ul> |

|    |                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|    |                                                  |                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Consultation</li> <li>• Monitoring for specially designed instruction</li> <li>• Modeling</li> <li>• Ongoing assessment</li> <li>• Adaptation of the learning environment and the curriculum</li> </ul> <ul style="list-style-type: none"> <li>• <u>02</u>: <b>SUPPLEMENTAL INTERVENTION</b> <ul style="list-style-type: none"> <li>✓ More intensive than Supportive Intervention</li> <li>✓ Based on the child’s needs, services are designed to support the child’s independent functioning in appropriate preschool activities through the use of supplemental aids and services</li> <li>✓ Special education and related services may include all services listed under Supportive Intervention, however, the level of direct instruction is more intensive</li> <li>✓ The intent is that direct special education services will be maintained as the year progresses</li> </ul> </li> <li>• <u>06</u>: <b>SPECIALIZED INTERVENTION</b> <ul style="list-style-type: none"> <li>✓ The most intensive Level of Intervention</li> <li>✓ Based on the child’s needs, services are designed to support the child’s independent functioning in appropriate preschool activities through a high degree of specially designed instruction throughout most or all of the child’s educational program</li> <li>✓ Special education and related services may include all services listed under Supportive and Supplemental Intervention, however, the level of intervention is more intensive</li> </ul> </li> <li>• <b>For more information about Levels of Intervention, refer to Appendix G “EI Preschool Test Yourself”</b></li> <li>• Leading zeros must be used</li> </ul> <p>AUTHORITY: 22 PA Code Chapter 14<br/> SOURCE: EI Preschool Supervisor, IEP<br/> USE: EI Annual Report to the Governor, Compliance Monitoring, State Interagency Coordinating Council</p> |
| 28 | <b>LRE EI Preschool Educational Environments</b> | (Blank) Student is in a School Age program<br>01 Early Childhood <b>Environment</b><br>02 <b>Early Childhood Environment - Head Start</b><br>03 Early Childhood Special Education <b>Environment</b> | FIELD TYPE: Numeric<br>LENGTH: Two (2)<br>DEFINITION:<br><b>The following definitions are taken from “OSEP’s Educational Environments of Children with Disabilities Ages 3-5”. Changes made to OSEP’s document by PA are in <i>italics</i>.</b> <ul style="list-style-type: none"> <li>• <u>01</u>: <b>EARLY CHILDHOOD ENVIRONMENT (OSEP Row A) -</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|  |  | 04 Home <b>Environment</b><br>05 Part-Time Early Childhood / Part-Time Early Childhood Special Education <b>Environment</b><br>06 Residential Facility <b>Environment</b><br>07 Separate ( <b>Day</b> ) School <b>Environment</b><br>08 Itinerant Service Outside the Home <b>Environment</b><br>09 Reverse Mainstream <b>Environment</b><br>10 Residential Facility – APS <b>Environment</b><br>11 Separate ( <b>Day</b> ) School – APS <b>Environment</b> | <p>Unduplicated total who received <u>ALL (100%)</u> of their special education and related services in educational programs <u>designed primarily for children WITHOUT disabilities</u>. No special education or related services are provided in separate special education settings. This may include, but is not limited to special education and related services provided in:</p> <ul style="list-style-type: none"> <li>✓ Public or private preschools (01)</li> <li>✓ Head Start Centers (02)</li> <li>✓ Child care facilities (01)</li> <li>✓ Preschool classes offered to an eligible pre-kindergarten population by the public school system (<i>e.g., accountability block grant early childhood combinations</i>) (01)</li> <li>✓ Home/Head Start combinations (02)</li> <li>✓ Other combinations of early childhood settings (<i>Could apply to combinations of Head Start and early childhood classes</i>) (01)</li> </ul> <ul style="list-style-type: none"> <li>• <b>02: EARLY CHILDHOOD ENVIRONMENT – HEAD START</b> (OSEP Row A) – See above definition of Early Childhood Environment</li> <li>• <b>03: EARLY CHILDHOOD SPECIAL EDUCATION ENVIRONMENT</b> (OSEP Row B) - Unduplicated total who received <u>ALL (100%)</u> of their special education and related services in educational programs <u>designed primarily for children WITH disabilities</u> housed in regular school buildings or other community-based settings. No special education or related services are provided in early childhood settings. This may include, but is not limited to special education and related services provided in: <ul style="list-style-type: none"> <li>✓ Special education classrooms in regular school buildings</li> <li>✓ Special education classrooms in child care facilities, hospital facilities on an outpatient basis, or other community-based settings (<i>EX, a community center</i>)</li> <li>✓ Special education classrooms in trailers or portables outside regular school buildings</li> <li>✓ <i>A partial hospitalization program (a therapeutic preschool) that is in a regular school building, child care facility, etc., would also belong to Row B</i></li> </ul> </li> <li>• <b>04: HOME ENVIRONMENT</b> (OSEP Row C) - Unduplicated</li> </ul> |
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|  |  |  | <p>total who received <u>all</u> of their special education and related services in the principal residence of the child’s family or caregivers. (NOTE: It says “all”.)</p> <ul style="list-style-type: none"> <li>• <b>05: PART-TIME EARLY CHILDHOOD / PART-TIME EARLY CHILDHOOD SPECIAL EDUCATION ENVIRONMENT (OSEP Row D)</b> - Unduplicated total who received special education and related services <u>in multiple settings</u>, such that: (1) special education and related services are provided at home or in educational programs <u>designed primarily for children WITHOUT disabilities</u>, and (2) special education and related services are provided in programs <u>designed primarily for children WITH disabilities</u>. This may include, but is not limited to special education and related services provided in: <ul style="list-style-type: none"> <li>✓ Home/early childhood special education combinations</li> <li>✓ Head Start, child care, nursery school facilities, or other community-based settings and outside of the regular class combinations (<i>e.g., a.m. = accountability block grant preK program and p.m. = special ed [autism, speech, etc] class</i>)</li> <li>✓ <i>Preschool classes offered to an eligible pre-K population by the school district</i> and outside of the regular class combinations</li> <li>✓ Separate school / early childhood combinations</li> <li>✓ Residential facility / early childhood combinations</li> </ul> </li> <li>• <b>06: RESIDENTIAL FACILITY ENVIRONMENT (OSEP Row E)</b> - Unduplicated total who received <u>all</u> of their special education and related services in publicly or privately operated <u>residential</u> schools or residential medical facilities on an inpatient basis.</li> <li>• <b>07: SEPARATE (DAY) SCHOOL ENVIRONMENT (OSEP Row F)</b> - Unduplicated total who received <u>all</u> of their special education and related services in educational programs in public or private day schools <u>designed specifically for children WITH disabilities</u>. <i>A partial hospitalization program (a therapeutic preschool) provided in a separate building would belong in Row F. This code would also apply to Scranton State School for the Deaf</i></li> <li>• <b>08: ITINERANT SERVICE OUTSIDE THE HOME ENVIRONMENT – OPTIONAL (OSEP Row G)</b> –Unduplicated total who received <u>all</u> of their special education and related services at a school, hospital facility on an outpatient basis, or</li> </ul> |
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|  |  |  | <p>other location <u>for a short period of time (i.e., no more than 3 hours per week)</u>. (This row does not include children receiving services at home; those children are reported in Row C.) These services may be provided individually or to a small group of children. This may include, but is not limited to: speech instruction up to 3 hours per week in a school, hospital, or other community-based setting. (Children receiving all of their special education and related services at a school, hospital facility on an outpatient basis, or other location <u>for longer than 3 hours</u> must be reported under early childhood special education setting or early childhood setting, depending on whether the program was designed primarily for students with or without disabilities.) <i>All special education received is no more than 3 hours per week and, in Pennsylvania, the only special education the child receives is speech, hearing, or vision. The speech, hearing, or vision services are provided individually or in small groups separate from and not in conjunction with the early childhood setting.</i></p> <ul style="list-style-type: none"> <li>• <b>09 REVERSE MAINSTREAM ENVIRONMENT – OPTIONAL (OSEP Row H)</b> - Unduplicated total who received <u>all</u> of their special education and related services in educational programs <u>designed primarily for children WITH disabilities</u> but that <u>include 50 percent or more children WITHOUT disabilities</u>.</li> <li>• <b>11: SEPARATE (DAY) SCHOOL – APS ENVIRONMENT (OSEP Row F)</b> – <i>This code, for example, would apply to Scranton State School for the Deaf or the New Jersey Katzenbach School for the Deaf</i></li> <li>• For more information about Educational Environments, refer to Appendix F “EI Preschool Crosswalk” and Appendix G “EI Preschool Test Yourself”</li> <li>• Leading zeros must be used</li> </ul> <p><b>AUTHORITY:</b> 22 PA Code Chapter 14<br/> <b>SOURCE:</b> EI Preschool Supervisor, IEP<br/> <b>USE:</b> Compliance Monitoring, Federal Reporting</p> |
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### Data Items for Revised Count

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| 29 | Date Exited Special Education        | (Blank) Did not exit<br>MMDDYYYY(8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>FIELD TYPE: Numeric<br/>LENGTH: Eight (8)<br/>DEFINITION:</p> <ul style="list-style-type: none"> <li>The date the student exited special education</li> <li><u>Leave this Item blank for the 12/1 count</u></li> <li>This item must be updated in the July submission for students who were in the 12/1 child count</li> </ul> <p>AUTHORITY: BSE Requirement<br/>SOURCE: Notice of Recommended Educational Placement, Student cumulative file<br/>USE: Federal Reports</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 30 | Reason for Exiting Special Education | <p><u>School Age Codes</u><br/>(Blank) Did not exit</p> <p>05 No Longer Needs Special Education<br/>01 Graduated with High School Diploma<br/>02 Received GED<br/>03 Reached Maximum Age (Age 21)<br/>09 Deceased<br/>06 Moved, known to be Continuing<br/>04 Dropped out</p> <p><u>EI Preschool Codes</u><br/>(Blank) Did not exit</p> <p><del>05 No Longer Needs Special Education—Use Code 12 or 13</del><br/><del>06 Moved, known to be continuing</del><br/><del>08 Parent withdrawn (Aged 3-6 in EI Preschool Program)</del><br/><del>09 Deceased</del><br/><del>10 Child transitioned to school age (SA), including child who is age of beginners, known to be continuing in special education</del><br/>10 Child transitioned to school age (including child who is age of</p> | <p>FIELD TYPE: Numeric<br/>LENGTH: Two (2)<br/>DEFINITION:</p> <ul style="list-style-type: none"> <li>The reason the student exited special education</li> <li><u>Leave this Item blank for the 12/1 count</u></li> <li>This item must be updated in the July submission for students who were in the 12/1 child count</li> <li><b>06: MOVED, KNOWN TO BE CONTINUING:</b><br/>There need not be evidence that the student is continuing special education, only that he/she is continuing in a general education program. This definition includes transfers and students with disabilities in residential drug/alcohol rehabilitation center or correctional facilities</li> <li><b>A child who is being served over the summer months should not be exited each month of the summer because the child is part of the aggregate count for the next program year, even if the child moves on to a school age program in the fall. A child should be exited only once – when the child leaves for EI.</b></li> <li><b>10 and 11 – CHILD TRANSITION TO SCHOOL AGE (SA), INCLUDING CHILD WHO IS AGE OF BEGINNERS, KNOWN or NOT KNOWN TO BE CONTINUING IN SPECIAL EDUCATION:</b> If a child is K-eligible or is no longer age-eligible for preschool but the parent has not registered the child in the home public school district, use Code 11. PA law mandates public school attendance beginning at age 8, not</li> </ul> |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|  |  | <p>beginners) continues to need special education; <u>known</u> to be continuing in special education</p> <p><b>11</b> <del>Child transitioned to school age (SA), including child who is age of beginners, not known to be continuing in special education</del></p> <p><b>11</b> Child transitioned to school age (including child who is age of beginners); continues to need special education; <u>not known</u> to be continuing in special education</p> <p><b>12</b> Child exiting preschool special education <u>prior to</u> school age; no longer needed special education</p> <p><b>13</b> Child exited preschool special education <u>upon turning</u> school age; no longer needed special education</p> | <p>mandates public school attendance beginning at age 8, not earlier. Don't use Code 10 or 11 before the child's entry to the K program or before the child turns age of beginners in September</p> <ul style="list-style-type: none"> <li>• <b>12 and 13</b> – To show a child who exited the EI Preschool program because the child met their goals and no longer needed special education, use Code 12 if the child was exited on or before June 30, therefore the child is considered to be exited prior to school age and use Code 13 if the child was exited July 1 or later, when the child turned school age.</li> <li>• Leading zeros must be used where applicable</li> </ul> <p>AUTHORITY: BSE Requirement<br/> SOURCE: Notice of Recommended Educational Placement, cumulative file<br/> USE: Federal Reports, <b>Longitudinal Study</b></p> |
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**TABLE 1**  
**Number and Type of Teachers Employed**  
**(in Full-Time Equivalency)**  
**To Provide Special Education and Related Services**  
**for Children With Disabilities, Ages 3-5**

| <b>SPECIAL EDUCATION TEACHERS</b> | <b>FULL-TIME EQUIVALENCY TOTALS</b> |
|-----------------------------------|-------------------------------------|
| Employed Fully Certified          |                                     |
| Employed Not Fully Certified      |                                     |
| TOTAL                             |                                     |

- Special Education teachers of students ages 3 – 5
- Do not include regular preschool teachers who work with students with disabilities
- **Emergency certification is counted as fully certified**

**TABLE 2**  
**Number and Type of Teachers Employed (in Full-Time Equivalency)**  
**To Provide Special Education and Related Services For Children With**  
**Disabilities, Ages 6-21**

| <b>AREA OF SPECIALIZATION<br/>(PLEASE PROVIDE CATEGORIES)</b> | <b>EMPLOYED FULLY CERTIFIED</b> | <b>EMPLOYED NOT FULLY<br/>CERTIFIED</b> | <b>TOTAL EMPLOYED</b> |
|---------------------------------------------------------------|---------------------------------|-----------------------------------------|-----------------------|
| Speech Impaired Certification                                 |                                 |                                         |                       |
| Hearing Impaired Certification                                |                                 |                                         |                       |
| Visually Impaired Certification                               |                                 |                                         |                       |
| Comprehensive Certification                                   |                                 |                                         |                       |
| TOTAL SPECIAL EDUCATION TEACHERS                              |                                 |                                         |                       |

- Special Education teachers and related services teachers for students with disabilities
- Ages 6 – 21
- 1.0 FTE is full time
- .50 FTE is 50% employed
- Comprehensive Certificate in PA is a Special Education Teacher Certification
  - **Emergency certification is counted as fully certified**

**TABLE 3**  
**Number and Types of Other Personnel Employed (In Full-Time Equivalency)**  
**To Provide Special Education And Related Services For Children With**  
**Disabilities, Ages 3-21**

| OTHER SPECIAL EDUCATION AND RELATED SERVICES PERSONNEL   | EMPLOYED FULLY CERTIFIED | EMPLOYED NOT FULLY CERTIFIED | TOTAL EMPLOYED       |
|----------------------------------------------------------|--------------------------|------------------------------|----------------------|
| Vocational Education Teachers                            |                          |                              |                      |
| Physical Education Teachers                              |                          |                              |                      |
| Work-Study Coordinators                                  |                          |                              |                      |
| Psychologists                                            |                          |                              |                      |
| School Social Workers                                    |                          |                              |                      |
| Occupational Therapists                                  |                          |                              |                      |
| Audiologists                                             |                          |                              |                      |
| Teacher Aides                                            |                          | XXXXXXXXXXXXXXXXXXXX         |                      |
| Recreation and Therapeutic Recreation Specialists        |                          |                              |                      |
| Diagnostic and Evaluation Staff                          |                          |                              |                      |
| Physical Therapists                                      |                          |                              |                      |
| Counselors                                               |                          |                              |                      |
| Speech Pathologists                                      |                          |                              |                      |
| Supervisors / Administrators (LEA)                       |                          |                              |                      |
| Supervisors / Administrators (SEA)                       | XXXXXXXXXXXXXXXXXXXX     | XXXXXXXXXXXXXXXXXXXX         | XXXXXXXXXXXXXXXXXXXX |
| Interpreters                                             |                          | XXXXXXXXXXXXXXXXXXXX         |                      |
| Rehabilitation Counselors                                |                          |                              |                      |
| Other Professional Staff                                 |                          |                              |                      |
| Non-Professional Staff                                   |                          |                              |                      |
| TOTAL OTHER SPECIAL EDUCATION AND RELATED SERVICES STAFF |                          |                              |                      |

- Ages 3-21
- 1.0 FTE is full-time

**TABLE 4**  
**REPORT OF CHILDREN WITH DISABILITIES**  
**UNILATERALLY REMOVED TO**  
**AN INTERIM ALTERNATIVE**  
**EDUCATIONAL SETTING, OR SUSPENDED OR EXPELLED**

| Children with Disabilities Ages 3-21 | 1. Number of Children Removed to <b>an Interim Alternative Educational Setting</b> by School Personnel and Number of Removals for Drugs and Weapons |                                                                |                                                                  | 2. Number of Children Removed to <b>an Interim Alternative Educational Setting</b> Based on a Hearing Officer Determination Regarding Likely Injury | 3. Number of Children Suspended or Expelled > 10 Days and Number of Suspension/Expulsions <sup>1</sup> |                                                     |                                                                                |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|
| Disability                           | A. Unduplicated Count of Children                                                                                                                   | B. Number of Unilateral Removals by School Personnel for Drugs | C. Number of Unilateral Removals by School Personnel for Weapons | Unduplicated Count of Children                                                                                                                      | A. Unduplicated Count of Children                                                                      | B. Number of Single Suspension/Expulsions > 10 Days | C. Number of Children with Multiple Suspension/Expulsions Summing to > 10 Days |
| 1. Mental Retardation                |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 2. Hearing Impairments               |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 3. Speech or Language Impairments    |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 4. Visual Impairments                |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 5. Emotional Disturbance             |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 6. Orthopedic Impairments            |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 7. Other Health Impairments          |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 8. Specific Learning Disabilities    |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 9. Deaf-Blindness                    |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 10. Multiple Disabilities            |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 11. Autism                           |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 12. Traumatic Brain Injury           |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 13. Developmental Delay              |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |
| 14. Total                            |                                                                                                                                                     |                                                                |                                                                  |                                                                                                                                                     |                                                                                                        |                                                     |                                                                                |

<sup>1</sup>Include only out-of-school suspensions.

**TABLE 5**  
**REPORT OF CHILDREN WITH DISABILITIES**  
**UNILATERALLY REMOVED TO**  
**AN INTERIM ALTERNATIVE**  
**EDUCATIONAL SETTING, OR SUSPENDED OR EXPELLED BY RACE/ETHNICITY**

| Children with Disabilities Ages 3-21 | 1. Number of Children Removed to an Interim Alternative Educational Setting by School Personnel and Number of Removals for Drugs and Weapons |                                                                |                                                                  | 2. Number of Children Removed to an Interim Alternative Educational Setting Based on a Hearing Officer Determination Regarding Likely Injury | 3. Number of Children Suspended or Expelled > 10 Days and Number of Suspension/Expulsions <sup>1</sup> |                                                     |                                                                                |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|
| Race/Ethnicity                       | A. Unduplicated Count of Children                                                                                                            | B. Number of Unilateral Removals by School Personnel for Drugs | C. Number of Unilateral Removals by School Personnel for Weapons | Unduplicated Count of Children                                                                                                               | A. Unduplicated Count of Children                                                                      | B. Number of Single Suspension/Expulsions > 10 Days | C. Number of Children with Multiple Suspension/Expulsions Summing to > 10 Days |
| 1. White, non-Hispanic               |                                                                                                                                              |                                                                |                                                                  |                                                                                                                                              |                                                                                                        |                                                     |                                                                                |
| 2. Black, non-Hispanic               |                                                                                                                                              |                                                                |                                                                  |                                                                                                                                              |                                                                                                        |                                                     |                                                                                |
| 3. Hispanic                          |                                                                                                                                              |                                                                |                                                                  |                                                                                                                                              |                                                                                                        |                                                     |                                                                                |
| 4. Asian/Pacific Islander            |                                                                                                                                              |                                                                |                                                                  |                                                                                                                                              |                                                                                                        |                                                     |                                                                                |
| 5. Native American                   |                                                                                                                                              |                                                                |                                                                  |                                                                                                                                              |                                                                                                        |                                                     |                                                                                |
| 6. Total                             |                                                                                                                                              |                                                                |                                                                  |                                                                                                                                              |                                                                                                        |                                                     |                                                                                |

<sup>1</sup>Include only out-of-school suspensions.

**TABLE 6**  
**Children With Disabilities Exiting Special Education by Single Years of Age (14-21) and Disabilities**

| <b>DISABILITY</b>                          | <b>Traumatic Brain Injury</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|-------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                            | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                               |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                               |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                               |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                               |    |    |    |    |    |    |    |     |       |
| Died                                       |                               |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                               |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                               |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                               |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                               |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Hearing Impairment including Deafness</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|----------------------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                                           | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                                              |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                                              |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                                              |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                                              |    |    |    |    |    |    |    |     |       |
| Died                                       |                                              |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                                              |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                                              |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                                              |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                                              |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Specific Learning Disabilities</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|---------------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                                    | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                                       |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                                       |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                                       |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                                       |    |    |    |    |    |    |    |     |       |
| Died                                       |                                       |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                                       |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                                       |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                                       |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                                       |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Mental Retardation</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|---------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                        | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                           |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                           |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                           |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                           |    |    |    |    |    |    |    |     |       |
| Died                                       |                           |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                           |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                           |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                           |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                           |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Orthopedic Impairment</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                           | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                              |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                              |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                              |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                              |    |    |    |    |    |    |    |     |       |
| Died                                       |                              |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                              |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                              |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                              |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                              |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Emotional Disturbance</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                           | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                              |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                              |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                              |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                              |    |    |    |    |    |    |    |     |       |
| Died                                       |                              |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                              |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                              |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                              |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                              |    |    |    |    |    |    |    |     |       |



| <b>DISABILITY</b>                          | <b>Speech or Language Impairment</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|--------------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                                   | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                                      |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                                      |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                                      |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                                      |    |    |    |    |    |    |    |     |       |
| Died                                       |                                      |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                                      |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                                      |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                                      |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                                      |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Visual Impairment including Blindness</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|----------------------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                                           | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                                              |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                                              |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                                              |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                                              |    |    |    |    |    |    |    |     |       |
| Died                                       |                                              |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                                              |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                                              |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                                              |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                                              |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Deaf-Blindness</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|-----------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                    | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                       |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                       |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                       |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                       |    |    |    |    |    |    |    |     |       |
| Died                                       |                       |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                       |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                       |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                       |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                       |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Multiple Disabilities</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                           | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                              |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                              |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                              |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                              |    |    |    |    |    |    |    |     |       |
| Died                                       |                              |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                              |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                              |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                              |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                              |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Autism</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|---------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14            | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |               |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |               |    |    |    |    |    |    |    |     |       |
| Received a GED                             |               |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |               |    |    |    |    |    |    |    |     |       |
| Died                                       |               |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |               |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |               |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |               |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |               |    |    |    |    |    |    |    |     |       |

| <b>DISABILITY</b>                          | <b>Other Health Impairment</b> |    |    |    |    |    |    |    |     |       |
|--------------------------------------------|--------------------------------|----|----|----|----|----|----|----|-----|-------|
| Basis of Exit                              | 14                             | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22+ | TOTAL |
| No Longer Receives Special Education       |                                |    |    |    |    |    |    |    |     |       |
| Graduated with Regular High School Diploma |                                |    |    |    |    |    |    |    |     |       |
| Received a GED                             |                                |    |    |    |    |    |    |    |     |       |
| Reached Maximum Age                        |                                |    |    |    |    |    |    |    |     |       |
| Died                                       |                                |    |    |    |    |    |    |    |     |       |
| Moved, Known to be Continuing              |                                |    |    |    |    |    |    |    |     |       |
| Moved, Not Known to be Continuing          |                                |    |    |    |    |    |    |    |     |       |
| Dropped Out                                |                                |    |    |    |    |    |    |    |     |       |
| TOTAL                                      |                                |    |    |    |    |    |    |    |     |       |

**TABLE 7**  
**Report of Children With Disabilities Exiting**  
**Special Education by Race/Ethnicity**  
**NUMBER OF STUDENTS AGES 14-21 EXITING SPECIAL EDUCATION BY RACE/ETHNICITY**

| BASIS OF EXIT                              | RACE/ETHNICITY                   |                           |                                          |          |                      |       |
|--------------------------------------------|----------------------------------|---------------------------|------------------------------------------|----------|----------------------|-------|
|                                            | AMERICAN INDIAN OR ALASKA NATIVE | ASIAN OR PACIFIC ISLANDER | BLACK OR AFRICAN AMERICAN (NOT HISPANIC) | HISPANIC | WHITE (NOT HISPANIC) | TOTAL |
| No Longer Receives Special Education       |                                  |                           |                                          |          |                      |       |
| Graduated with Regular High School Diploma |                                  |                           |                                          |          |                      |       |
| Received a GED                             |                                  |                           |                                          |          |                      |       |
| Reached Maximum Age                        |                                  |                           |                                          |          |                      |       |
| Died                                       |                                  |                           |                                          |          |                      |       |
| Moved, Known to be Continuing              |                                  |                           |                                          |          |                      |       |
| Moved, Not Known to be Continuing          |                                  |                           |                                          |          |                      |       |
| Dropped Out                                |                                  |                           |                                          |          |                      |       |
| TOTAL                                      |                                  |                           |                                          |          |                      |       |

**TABLE 8**  
**Report of Children with Disabilities Evaluated, March 1 through June 30, 2006 (Initial Evaluation started on or after March 1, 2006 and completed by June 30, 2006, Conducted by the LEA – *does not include re-evaluation*)**  
**Children Ages 3-21, Data will be Collected for each LEA**

| AUN of each LEA within the IU | 1. Total number of students evaluated for special education (Initial Evaluation conducted by the reporting LEA – DOES NOT INCLUDE REEVALUATION) | 2. How many of the total students (in # 1 ) were determined to be eligible | 3. Of the total determined to be eligible (in # 2), how many were completed within 60 school days (calendar days for charter schools and MAWA agencies) | 4. How many of the total students (in # 1) were determined not to be eligible | 5. Of the total determined not to be eligible (in # 4), how many were completed within 60 school days (calendar days for charter schools and MAWA Agencies) |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               |                                                                                                                                                 |                                                                            |                                                                                                                                                         |                                                                               |                                                                                                                                                             |
|                               |                                                                                                                                                 |                                                                            |                                                                                                                                                         |                                                                               |                                                                                                                                                             |
|                               |                                                                                                                                                 |                                                                            |                                                                                                                                                         |                                                                               |                                                                                                                                                             |