## PennData 2011-2012

# Preschool EI Monthly Aggregate RESOURCE GUIDE

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Serving Children with Developmental Delays

August 2011

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# **Summary of Changes**

| Version Date | Change   | Section/Page Reference |
|--------------|--|------------------------|
| August 2011  | Updated school year and collection dates to reflect school year change from 2010-2011          | throughout             |
|              | to 2011-2012.  |                        |
| August 2011  | Changed field 14 (Related Services), field 20 (Calculated Percent Time), and field 21          | Pages 11 & 15          |
|              | (Percent Time Educated) to Reserved fields. Do not use these fields.                           |                        |
| August 2011  | Changed Code requirements for <i>Attends Regular Early Childhood Program</i> . Removed Page 15 |                        |
|              | the (Blank) option for IEP prior to 7/1/2010.  |                        |

# **Summary of Monthly Aggregate Items**

| Item# | Item Name  |  |  |  |
|-------|--|--|--|--|
| 1     | PAsecureID or Student ID Number                            |  |  |  |
| 2     | Last Name  |  |  |  |
| 3     | First Name   |  |  |  |
| 4     | Middle Initial   |  |  |  |
| 5     | Birth Date   |  |  |  |
| 6     | Gender   |  |  |  |
| 7     | Race/Ethnicity   |  |  |  |
| 8     | Limited English Proficient (LEP)                           |  |  |  |
| 9     | Disability Category  |  |  |  |
| 10    | Secondary Disability Category                              |  |  |  |
| 11    | Residency  |  |  |  |
| 12    | Home District  |  |  |  |
| 13    | Service Provider   |  |  |  |
| 14    | Reserved - Do not use                                      |  |  |  |
| 15    | Teacher's Last Name  |  |  |  |
| 16    | EI Preschool Funding Status                                |  |  |  |
| 17    | EI Preschool Referral Source                               |  |  |  |
| 18    | LRE EI Preschool Educational Environments                  |  |  |  |
| 19    | Attends Regular Early Childhood Program                    |  |  |  |
| 20    | Reserved – Do not use                                      |  |  |  |
| 21    | Reserved – Do not use                                      |  |  |  |
| 22    | Date Permission to Evaluate Requested by Parent            |  |  |  |
| 23    | Date Permission to Evaluate Sent                           |  |  |  |
| 24    | Date Received Parent Consent                               |  |  |  |
| 25    | Reason Date Received Parent Consent is Blank               |  |  |  |
| 26    | Date ER Issued to Parent                                   |  |  |  |
| 27    | Reason ER Not Within 60 Calendar Days of Parent Permission |  |  |  |
| 28    | Date IEP Developed   |  |  |  |
| 29    | Child's Address Line 1                                     |  |  |  |
| 30    | Child's Address Line 2                                     |  |  |  |
| 31    | City   |  |  |  |
| 32    | Zip  |  |  |  |
| 33    | Date Exited Preschool EI                                   |  |  |  |
| 34    | Reason for Exiting Preschool EI                            |  |  |  |

**ID** = **Identification** 

**EI** = **Early Intervention** 

**ER** = **Evaluation Report** 

**IEP = Individualized Education Program** 

**IFSP** = **Individualized Family Service Plan** 

PRESCHOOL EI PROGRAM = identified as MAWA or Mutually Agreed upon Written Arrangements (a contract signed by a local educational agency to provide preschool special education services) in prior versions.

# **Monthly Aggregate Items**

| No. | Item Name                          | <b>Data Entry Codes</b>                | Explanations / Comments   |
|-----|------------------------------------|--|---|
| 1   | PAsecureID or<br>Student ID Number | XXXXXXXXXX (10 or less)                | FIELD TYPE: Numeric or alpha/numeric (no special characters) LENGTH: Ten (10) or less |
|     |                                    |  | DEFINITION: PAsecureID given to the student by PDE. If the student has a              |
|     |                                    |  | PAsecureID you must report it. If the student does not have a PAsecureID,             |
|     |                                    |  | report current LEA ID number.   |
|     |                                    |  | AUTHORITY: /OCDEL/BEIS Requirement  |
|     |                                    |  | SOURCE: Check with School District/Intermediate Unit                                  |
|     |                                    |  | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance                 |
|     |                                    |  | Monitoring  |
| 2   | Last Name                          | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | FIELD TYPE: Text  |
|     |                                    |  | LENGTH: Unlimited   |
|     |                                    |  | DEFINITION: Legal last name of the student. Suffixes may be included                  |
|     |                                    |  | with last name, with a space after the last name. e.g. Smith Ir. No                   |
|     |                                    |  | punctuation allowed except for hyphens and apostrophe. e.g. Johnson-Smith             |
|     |                                    |  | or O'Reilly   |
|     |                                    |  | AUTHORITY: OCDEL/BEIS Requirement SOURCE: ER and/or IEP                               |
|     |                                    |  | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance                 |
|     |                                    |  | Monitoring  |
| 3   | First Name                         | XXXXXXXXXXXXXXXXXXXXXXX (Unl)          | FIELD TYPE: Text  |
|     | 1 Hot I valle                      |  | LENGTH: Unlimited   |
|     |                                    |  | DEFINITION: Legal first name of the student. No punctuation allowed                   |
|     |                                    |  | except for hyphens and apostrophe   |
|     |                                    |  | AUTHORITY: OCDEL/BEIS Requirement   |
|     |                                    |  | SOURCE: ER and/or IEP   |
|     |                                    |  | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance                 |
|     |                                    |  | Monitoring  |
| 4   | Middle Initial                     | (Blank) No middle initial              | FIELD TYPE: Text  |
|     |                                    | X (1)                                  | LENGTH: One (1)   |
|     |                                    |  | DEFINITION: First letter of the legal middle name of the student. Required            |
|     |                                    |  | if the student has a middle name, no punctuation                                      |
|     |                                    |  | AUTHORITY: OCDEL/BEIS Requirement   |
|     |                                    |  | SOURCE: ER and/or IEP   |
|     |                                    |  | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance                 |
|     |                                    |  | Monitoring  |
|     |                                    |  |   |

| No. | Item Name      | <b>Data Entry Codes</b>                 | Explanations / Comments   |
|-----|----------------|---|---|
|     |                |   |   |
| 5   | Birth Date     | MMDDYYYY (8)                            | FIELD TYPE: Numeric   |
|     |                |   | LENGTH: Eight (8)   |
|     |                |   | DEFINITION: Date of birth. Leading zeros must be used where applicable,   |
|     |                |   | e.g., 01011988  |
|     |                |   | AUTHORITY: OCDEL/BEIS Requirement   |
|     |                |   | SOURCE: ER and/or IEP   |
|     |                |   | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance   |
|     |                |   | Monitoring  |
| 6   | Gender         | 01 Female                               | FIELD TYPE: Numeric   |
|     |                | 02 Male                                 | LENGTH: Two (2)   |
|     |                |   | DEFINITION:   |
|     |                |   | Gender of the student   |
|     |                |   | Leading zeros must be used  |
|     |                |   | AUTHORITY: IDEIA 2004   |
|     |                |   | SOURCE: Student cumulative file   |
|     |                |   | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance   |
|     |                |   | Monitoring  |
| 7   | Race/Ethnicity | 01 American Indian/Alaskan Native       | FIELD TYPE: Numeric   |
|     |                | O3 Black or African American            | LENGTH: Two (2)   |
|     |                | 04 Hispanic                             | DEFINITION:   |
|     |                | 05 White                                | • American Indian/Alaska Native - a person having origins in any of the original  |
|     |                | 06 Multiracial                          | peoples of North and South American (including Central America), and who  |
|     |                | 09 Asian                                | maintains tribal affiliation or community attachment. ( <u>Does not</u> include persons   |
|     |                | Native Hawaiian or Other Pacific        | <ul> <li>of Hispanic/Latino ethnicity.)</li> <li>Black or African American - a person having origins in any of the Black racial</li> </ul>                    |
|     |                | <u>Islander</u>                         | groups of Africa. ( <u>Does not</u> include persons of Hispanic/Latino ethnicity.)  |
|     |                |   | <ul> <li>Hispanic - a person of Cuban, Mexican, Puerto Rican, South or Central</li> </ul>   |
|     |                |   | American, or other Spanish culture or origin, regardless of race. Refers to   |
|     |                |   | Hispanic and/or Latino.   |
|     |                |   | • White - a person having origins in any of the original peoples of Europe, the   |
|     |                | NOTE: Former value 02 Asian or Pacific  | Middle East, or North Africa. ( <u>Does not</u> include persons of Hispanic/Latino  |
|     |                | Islander is no longer a valid Ethnicity | ethnicity.)   |
|     |                |   | • Multiracial (two or more races) - a person having origins in two or more of the   |
|     |                |   | five race categories. ( <u>Does not</u> include persons of Hispanic/Latino ethnicity.)  |
|     |                |   | • Asian - a person having origins in any of the original peoples of the Far East,   |
|     |                |   | Southeast Asia, or the Indian subcontinent. This includes, for example,   |
|     |                |   | Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. ( <u>Does not include persons of Hispanic/Latino</u> |
|     |                |   | ethnicity.)   |
|     |                |   | ennicity.)  |

| No. | Item Name                           | Data Entry Codes   | Explanations / Comments   |
|-----|-------------------------------------|--|---|
|     |                                     |  | <ul> <li>Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands. (<u>Does not include persons of Hispanic/Latino ethnicity</u>.)</li> <li>AUTHORITY: Federal Reporting</li> <li>SOURCE: Student cumulative file</li> <li>USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring</li> </ul>   |
| 8   | Limited English<br>Proficient (LEP) | 01 LEP Student<br>02 NOT LEP Student   | FIELD TYPE: Numeric LENGTH: Two (2) DEFINITION: Student is in the process of acquiring English as a second language AUTHORITY: IDEIA 2004 SOURCE: IEP-Special Considerations USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring   |
| 9   | Disability Category                 | 2121 Autism 2122 Deaf-Blindness 2134 Developmental Delay (3-6 in EI Program) 2127 Emotional Disturbance 2105 Gifted without Disability 2123 Hearing Impairment including Deafness 2124 Mental Retardation 2125 Multiple Disabilities 2126 Orthopedic Impairment 2132 Other Health Impairment 2132 Specific Learning Disability 2129 Speech or Language Impairment 2130 Traumatic Brain Injury 2131 Visual Impairment incl. Blindness | FIELD TYPE: Numeric LENGTH: Four (4) DEFINITION: Disability of the student. See 34CFR300.8, 22 PA Code Chapter 14 If the student is gifted and has a disability, report the disability in Item 9, and gifted as Code 2106 in Item 10 If the student is gifted without a disability, report the student here as Code 2105, blank in Item 10 Code 15 applies only to student in EI programs AUTHORITY: 34CFR300.8, 1372 PA School Code, 22 PA Code Chapter 14, 22 PA Code Chapter 16, Chapter 711 of PA School Code SOURCE: ER USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring |

| No. | Item Name            | Data Entry Codes                           | Explanations / Comments   |
|-----|----------------------|--|---|
| 10  | Secondary Disability | (Blank) None                               | FIELD TYPE: Numeric   |
|     | Category             | 2121 Autism                                | LENGTH: Four (4)  |
|     |                      | 2122 Deaf-Blindness                        | DEFINITION:   |
|     |                      | 2127 Emotional Disturbance                 | Secondary disability of the student, if applicable. See 34CFR300.8, 22 PA           |
|     |                      | 2106 Gifted with Disability                | Code Chapter 16   |
|     |                      | 2123 Hearing Impairment including Deafness | If the student is gifted and has a disability, report the disability in Item 9, and |
|     |                      | 2124 Mental Retardation                    | gifted as Code 2106 in Item 10  |
|     |                      | 2125 Multiple Disabilities                 | AUTHORITY: 34CFR300.8, 1372 PA School Code, 22 PA Code Chapter                      |
|     |                      | 2126 Orthopedic Impairment                 | 14, 22 PA Code Chapter 16   |
|     |                      | 2132 Other Health Impairment               | SOURCE: ER  |
|     |                      | 2128 Specific Learning Disability          | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance               |
|     |                      | 2129 Speech or Language Impairment         | Monitoring  |
|     |                      | 2130 Traumatic Brain Injury                |   |
|     |                      | 2131 Visual Impairment incl. Blindness     |   |
| 11  | Residency            | (Blank) Resident                           | FIELD TYPE: Numeric   |
| 11  | Residency            | 01 Ward of State                           | LENGTH: Two (2)   |
|     |                      | 02 1302 (Living with Adult other than      | DEFINITION:   |
|     |                      | Parent)                                    | This field describes the residency status of the student according to special       |
|     |                      | 05 1305 (Foster Home)                      | conditions in Section 13 of the PA School Code                                      |
|     |                      | 06 1306 (e.g., Institutionalized, Group    | Code 01, Ward of State: A student under the custody of the county for legal         |
|     |                      | Homes, PRRIs)                              | guardianship  |
|     |                      | 1101110,1111110)                           | Code 02, 1302 (Living with Adult other than Parent): A student shall be             |
|     |                      |  | considered a resident of the district in which his guardian resides                 |
|     |                      |  | 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.         |
|     |                      |  | These students are reported by the host district, not the home district.            |
|     |                      |  | Code 06, 1306 (e.g., Institutionalized settings, Group Homes, PRRIs):               |
|     |                      |  | 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. These students are reported by the district where the      |
|     |                      |  | facility is located (host district).  |
|     |                      |  | AUTHORITY: 24 PS 13-1305  |
|     |                      |  | SOURCE: Student cumulative file, business manager of the district                   |
|     |                      |  | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance               |
|     |                      |  | Monitoring  |
|     |                      |  |   |
|     |                      |  |   |

| No. | Item Name           | Data Entry Codes                         | Explanations / Comments   |
|-----|---------------------|--|---|
| 12  | Home District       | AUN (9)                                  | FIELD TYPE: Numeric LENGTH: Nine (9) DEFINITION:  |
|     |                     |  | <ul> <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> </ul>  |
|     |                     |  | <ul> <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>For 1306 students – AUN of the district in which the parent of guardian</li> </ul>   |
|     |                     |  | resides  Ward of state: report as (1+IU+999999), e.g., 103999999  |
|     |                     |  | AUTHORITY: OCDEL/BEIS Requirement<br>SOURCE: ER and/or IEP will indicate the Home District, cross-<br>referenced with PDE AUN list located at   |
|     |                     |  | http://edna.ed.state.pa.us/aun_listing.asp USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring   |
|     |                     |  |   |
| 13  | Service Provider    | (Blank) Same as Home District<br>AUN (9) | FIELD TYPE: Numeric LENGTH: Nine (9) DEFINITION: AUN of the special education service provider AUTHORITY: OCDEL/BEIS Requirement SOURCE: IEP and/or Notice of Recommended Educational Placement will indicate the Service Provider, cross-referenced with PDE AUN list located at http://edna.ed.state.pa.us/aun_listing.asp, or Program Supervisor USE: Federal Reports, Statistical Summary, Annual Reports, Compliance |
|     |                     |  | Monitoring  |
| 14  | Reserved            |  |   |
| 15  | Teacher's Last Name | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | FIELD TYPE: Text LENGTH: Unlimited DEFINITION: Legal last name of the teacher providing the majority of the special education services. No punctuation allowed except for hyphens and   |

| No. | Item Name                       | Data   | Entry Codes   | Explanations / Comments  |
|-----|---------------------------------|--|---|--|
|     |                                 |  |   | apostrophe. e.g. Johnson-Smith or O'Reilly AUTHORITY: OCDEL/BEIS Requirement SOURCE: IEP USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring  |
| 16  | EI Preschool<br>Funding Status  | 01<br>02<br>03   | District Funded Preschool Funded 4010 Funded  | FIELD TYPE: Numeric LENGTH: Two (2) DEFINITIONS: These Codes show the status of the child (for funding purposes) as of the end of the reporting month. Leading zeros must be used. AUTHORITY: PA Act 212 of 1990, PA Act 30 of 1997, BEC 11 P.S. 875-304 SOURCE: EI Preschool Supervisor USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring  • 03: This code should only be used when an APS placement is approved for 4010 funding. An APS placement not approved for 4010 funding would be 01 or 02 depending on the funding arrangements.   |
| 17  | EI Preschool<br>Referral Source | 01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18 | Hospitals or Pre/Post-natal Facility Physicians Parents/Family Members Child Care Programs Local Educational Agency (PRESCHOOL EI PROGRAM/Intermediate Unit/School) DPW Referral Public Health Facility EPSDT Screening Facility Other Social Service Agencies Other Health Care Providers Early Intervention Provider CONNECT Direction Service Other Family Center Homeless Shelter Head Start/Early Head Start Media/Public Awareness CAPTA Referral | FIELD TYPE: Numeric LENGTH: Two (2) DEFINITION: Identify the source of the referral. Leading zeros must be used where applicable AUTHORITY: 34CFR300.125, PA Act 212 of 1990 -305(a)(c 1-6) SOURCE: EI Preschool Supervisor USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring  • 04: Use when the referral comes from either a DPW-licensed child care / day care program or a family child care / day care  • 18: Use this code if the child is referred from Children and Youth Services per the Child Abuse Prevention and Treatment Act. County CYS agencies have been instructed to identify those referrals specific to CAPTA. All other CYS referrals would continue to be reported under 09 • 11: Would include K4 Programs |
| 18  | LRE EI Preschool                | 01   | Early Childhood Environment   | FIELD TYPE: Numeric  |

| No. | Item Name    | Data Entry Codes                                 | Explanations / Comments   |
|-----|--------------|--|---|
|     | Educational  | 02 Early Childhood Environment -Head Start       | LENGTH: Two (2)   |
|     | Environments | 03 Early Childhood Special Education             | DEFINITION: Identify the educational environment. Leading zeros must be   |
|     |              | Environment                                      | used.   |
|     |              | 04 Home Environment                              | AUTHORITY: 22 PA Code Chapter 14  |
|     |              | 05 Part-Time Early Childhood / Part-Time         | SOURCE: EI Preschool Supervisor, IEP  |
|     |              | Early Childhood Special Education<br>Environment | USE: Federal Reports, Statistical Summary, Annual Reports, Compliance<br>Monitoring   |
|     |              | 06 Residential Facility Environment              |   |
|     |              | 07 Separate (Day) School Environment             | The following definitions are taken from "OSEP's Educational  |
|     |              | 08 Itinerant Service Outside the Home            | Environments of Children with Disabilities Ages 3-5". Changes made to   |
|     |              | Environment                                      | OSEP's document by PA are in <i>italics</i> .   |
|     |              | 09 Reverse Mainstream Environment                | O1/02: EARLY CHILDHOOD ENVIRONMENT / EARLY  ONE OF THE PROPERTY OF THE PR |
|     |              | 10 Residential Facility – APS Environment        | CHILDHOOD ENVIRONMENT – HEAD START (OSEP Row A) -   |
|     |              | 11 Separate (Day) School – APS<br>Environment    | Unduplicated total who received <u>ALL (100%)</u> of their special education  |
|     |              | Environment                                      | and related services in educational programs <u>designed primarily for</u> <u>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:  |
|     |              |  | ✓ Public or Private Preschools (01)   |
|     |              |  | ✓ Head Start Centers (02)   |
|     |              |  | ✓ Child Care Facilities (01)  |
|     |              |  | ✓ Preschool classes offered to an eligible pre-kindergarten population  |
|     |              |  | by the public school system (e.g., accountability block grant early childhood combinations) (01)  |
|     |              |  | ✓ Home/Head Start combinations (02)   |
|     |              |  | ✓ Other combinations of early childhood settings ( <i>Could apply to</i>  |
|     |              |  | combinations of Head Start and early childhood classes) (01)  |
|     |              |  | O3: EARLY CHILDHOOD SPECIAL EDUCATION ENVIRONMENT   |
|     |              |  | (OSEP Row B) - Unduplicated total who received ALL (100%) of their  |
|     |              |  | special education and related services in educational programs designed   |
|     |              |  | primarily for children WITH disabilities 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:  |
|     |              |  | ✓ Special education classrooms in regular school buildings  |
|     |              |  | ✓ Special education classrooms in child care facilities, hospital   |
|     |              |  | facilities on an outpatient basis, or other community-based settings  |

| No. | Item Name | Data Entry Codes | Explanations / Comments   |
|-----|-----------|------------------|---|
|     |           |                  | <ul> <li>(EX, a community center)</li> <li>✓ Special education classrooms in trailers or portables outside regular school buildings</li> <li>✓ A partial hospitalization program (a therapeutic preschool) that is in a regular school building, child care facility, etc., would also belong to Row B</li> <li>04: HOME ENVIRONMENT (OSEP Row C) - Unduplicated total who received all of their special education and related services in the principal residence of the child's family or caregivers. (NOTE: It says "all".)</li> </ul>   |
|     |           |                  | <ul> <li>05: PART-TIME EARLY CHILDHOOD / PART-TIME EARLY CHILDHOOD SPECIAL EDUCATION ENVIRONMENT (OSEP Row D) - Unduplicated total who received special education and related services in multiple settings, such that: (1) special education and related services are provided at home or in educational programs designed primarily for children WITHOUT disabilities, and (2) special education and related services are provided in programs designed primarily for children WITH disabilities. This may include, but is not limited to special education and related services provided in:</li></ul> |

| No. | Item Name                                     | Data Entry Codes   | Explanations / Comments   |
|-----|---|--|---|
|     |   |  | <ul> <li><u>08</u>: ITINERANT SERVICE OUTSIDE THE HOME ENVIRONMENT – OPTIONAL (OSEP Row G) –Unduplicated total who received <u>all</u> of their special education and related services at a school, hospital facility on an outpatient basis, or 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></li> <li><u>09</u> REVERSE MAINSTREAM ENVIRONMENT – OPTIONAL (OSEP Row H) - 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> </ul> |
| 19  | Attends Regular<br>Early Childhood<br>Program | (Blank) Not Attending a Regular Early Childhood Program 01 Reserved – Do Not Use 02 Reserved – Do Not Use 03 Yes, at least 10 hours per week 04 Yes, less than 10 hours per week | FIELD TYPE: Numeric LENGTH: Two (2) DEFINITION: Does the child attend a Regular Early Childhood Program? AUTHORITY: OCDEL/BEIS Requirement SOURCE: IEP USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring   |
| 20  | Reserved                                      |  |   |

| No. | Item Name   | <b>Data Entry Codes</b>  | Explanations / Comments   |  |  |
|-----|---|--|---|--|--|
| 21  |   |  |   |  |  |
|     | D 1   |  |   |  |  |
| 22  | Reserved  Date Permission to Evaluate Requested by Parent | (Blank) Not Requested (Blank) Initial IEP Date before 7/1/2011 MMDDYYYY(8)   | FIELD TYPE: Numeric LENGTH: Eight (8) DEFINITION: Date Permission to Evaluate was requested by parent for <i>initial</i> preschool evaluation. AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM/IEP USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring  |  |  |
| 23  | Date Permission to<br>Evaluate Sent                       | (Blank) Not Sent (Blank) Initial IEP Date before 7/1/2011 MMDDYYYY(8)  | FIELD TYPE: Numeric LENGTH: Eight (8)DEFINITION: Date Permission to Evaluate was sent to parent for <i>initial</i> preschool evaluation. AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM/IEP USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring  |  |  |
| 24  | Date Received<br>Parent Consent                           | (Blank) Not Sent (Blank) Initial IEP Date before 7/1/2011 MMDDYYYY(8)  If blank, answer Item 25. If response is given to Item 24, skip Item 25 | FIELD TYPE: Numeric LENGTH: Eight (8) DEFINITION: Date Preschool EI Program received consent for <i>initial</i> preschool evaluation. Leading zeros must be used where applicable, e.g., 01011988 AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring |  |  |
| 25  | Reason Date<br>Received Parent<br>Consent is Blank        | 01 Parent Choice<br>02 Parent/Child Moved  | FIELD TYPE: Numeric LENGTH: Two (2) DEFINITION: The reason why the Preschool EI Program did not receive initial parental consent to evaluate. Leading zeros must be used where applicable. AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring        |  |  |

| No. | Item Name   | Data Entry Codes  | Explanations / Comments   |
|-----|---|---|---|
| 26  | Date ER Issued to<br>Parent   | (Blank) Not Issued (Blank) Initial IEP Date before 7/1/2011 MMDDYYYY(8)  If the date in Item 26 is within 60 calendar days of Item 24, skip Item 27 | FIELD TYPE: Numeric LENGTH: Eight (8) DEFINITION: Date Preschool EI Program issued the <i>initial</i> Evaluation Report to the parent. Leading zeros must be used where applicable, e.g., 01011988 AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM/ER USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring   |
| 27  | Reason ER Not<br>Within 60 Calendar<br>Days of Parent<br>Permission | 01 Parent Reason<br>02 Part B/619 Reason  | FIELD TYPE: Numeric LENGTH: Two (2) DEFINITION: If the <i>initial</i> Evaluation Report was not issued within 60 calendar days of receipt of parent consent to the initial evaluation, it was due to one of the options. Leading zeros must be used where applicable. AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring 01 – PARENT REASON can include, for example, (a) parent withdrawal – a parent for whom an approved Permission has been received but the parent changed their mind; (b) parent/child unavailable – an approved Permission has been received but, for example, parent/child not available for the assessment, even after having been given multiple choices for scheduling; scheduling difficulties; child ill; parent wants to delay assessment until receipt of their physician's report or for their child to have a medical procedure 02 – PART B/619 REASON – use this Code if the reason is not captured by the other Codes. Late referral from Part C does not affect the timely issuance of an ER since the clock begins ticking upon the PRESCHOOL EI PROGRAM's receipt of an approved Permission. Some PRESCHOOL EI PROGRAMs have used this Code when, due to fluctuations in staffing, the PRESCHOOL EI PROGRAM was temporarily unable to obtain staff to conduct an assessment (and the PRESCHOOL EI PROGRAM can document attempts to obtain evaluation help by using school age staff, contracting with private providers, offering to pay parents to obtain evaluations, etc). The bottom line is that anything beyond the 60 days is out of compliance as related to PRESCHOOL EI PROGRAM responsibilities only. |

| No. | Item Name              | <b>Data Entry Codes</b>  | Explanations / Comments  |  |  |
|-----|------------------------|--|--|--|--|
| 28  | Date IEP Developed     | (Blank) Not Developed (Blank) Initial IEP Date before 7/1/2011 MMDDYYYY(8) | FIELD TYPE: Numeric LENGTH: Eight (8) DEFINITION: Date <i>initial</i> IEP was developed. Leading zeros must be used where applicable, e.g., 01011988 AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring   |  |  |
| 29  | Child's Address Line 1 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     | FIELD TYPE: Text LENGTH: Unlimited DEFINITION: Address at which the child resides. Spaces, pound sign (#), dashes (-), and periods (.) will be accepted. Commas are NOT allowed. If there is a P.O. Box, the P.O. Box should go in Student Address1 and the street address should go in the Student Address2. If there is no P.O. Box, the street address should go in the Student Address 1. AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring; Family Survey |  |  |
| 30  | Child's Address Line 2 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     | FIELD TYPE: Text LENGTH: Unlimited DEFINITION: Address at which the child resides. Spaces, pound sign (#), dashes (-), and periods (.) will be accepted. Commas are NOT allowed. If there is a P.O. Box, the P.O. Box should go in Student Address1 and the street address should go in the Student Address2. If there is no P.O. Box, the street address should go in the Student Address 1.AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring; Family Survey  |  |  |
| 31  | City                   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     | FIELD TYPE: Text<br>LENGTH: Fifty (50) or less<br>DEFINITION: City in which the child resides All punctuation is allowed<br>except commas  |  |  |

| No. | Item Name                   | Data Entry Codes                    | Explanations / Comments   |  |  |
|-----|-----------------------------|-------------------------------------|---|--|--|
|     |                             |                                     | AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring; Family Survey  |  |  |
| 32  | Zip                         | XXXXX-XXXX (10 or less)             | FIELD TYPE: Text LENGTH: Ten (10) or less DEFINITION: Zip code in which the child resides. Do not include punctuation except for a dash when using the Zip+4 format. AUTHORITY: OCDEL/BEIS Requirement SOURCE: PRESCHOOL EI PROGRAM USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring; Family Survey |  |  |
| 33  | Date Exited<br>Preschool EI | (Blank) Did not exit<br>MMDDYYYY(8) | FIELD TYPE: Numeric LENGTH: Eight (8) DEFINITION: The date the child exited the preschool program AUTHORITY: OCDEL/BEIS Requirement SOURCE: Notice of Recommended Educational Placement, Student cumulative file USE: Federal Reports, Statistical Summary, Annual Reports, Compliance Monitoring                                   |  |  |

| No. | Item Name                       | Data Entry Codes                      | Explanations / Comments |  |  |
|-----|---------------------------------|---------------------------------------|-------------------------|--|--|
| 34  | Reason for Exiting              | (Blank) Did not exit                  | FIELD TYPE: Numeric     |  |  |
| 34  | Reason for Exiting Preschool EI | · · · · · · · · · · · · · · · · · · · |                         |  |  |
|     |                                 |                                       |                         |  |  |

## **Timeline**

| Student Data                           | Last Date to                       | Processed by                  | PDE Review                     | File Name                               |
|--|------------------------------------|-------------------------------|--------------------------------|---|
|  | Submit Data to                     | PSU/Submitted                 |                                |   |
|  | PSU via Export                     | to PDE                        |                                |   |
|  | File                               |                               |                                |   |
| Export file of Preschool Student       | Export File must be                | Send to Early                 | Review by Early                | IU**_Preschool_MMMYYYY_MMD              |
| Database – this will include all 34    | received by the 5 <sup>th</sup>    | Intervention                  | Intervention Staff             | DYYYY.txt                               |
| data items. This file will be used to  | of the month for the               | Staff by the 15 <sup>th</sup> | by the 20 <sup>th</sup> of due |   |
| create aggregate data for preschool    | time period July 1,                | of due month                  | month                          | where '**' is equal to the IU number    |
| reports. The data in the file is based | 2011 through the                   |                               |                                | and MMMYYY is the data month/year       |
| on information starting July 1, 2011.  | last day of the                    |                               |                                | (i.e. Jul2010) and MMDDYYYY is          |
| It is to be sent to PSU based on data  | previous month.                    |                               |                                | equal to the month-day-year the file is |
| from July 1, 2011 to end of current    | <i>NOTE: If the 5<sup>th</sup></i> |                               |                                | being submitted in the MMDDYYYY         |
| month. The database file is due for    | falls on a Saturday                |                               |                                | format (i.e. 12052011)                  |
| the time period ending in the          | or Sunday then the                 |                               |                                |   |
| following months:                      | data is due the                    |                               |                                |   |
|  | Monday following                   |                               |                                |   |
| Aggregate Data for:                    | the $5^{th}$ .                     |                               |                                |   |
| July, 2011                             | 8/5/2011                           |                               |                                |   |
| August, 2011                           | 9/5/2011                           |                               |                                |   |
| September, 2011                        | 10/5/2011                          |                               |                                |   |
| October, 2011                          | 11/5/2011                          |                               |                                |   |
| November, 2011                         | 12/5/2011                          |                               |                                |   |
| December, 2011                         | 1/5/2012                           |                               |                                |   |
| January, 2012                          | 2/5/2012                           |                               |                                |   |
| February, 2012                         | 3/5/2012                           |                               |                                |   |
| March, 2012                            | 4/5/2012                           |                               |                                |   |
| April, 2012                            | 5/5/2012                           |                               |                                |   |
| May, 2012                              | 6/5/2012                           |                               |                                |   |
| June, 2012 – Full year aggregate,      | 7/5/2012                           |                               |                                |   |
| 7/1/2011-6/30/2012                     |                                    |                               |                                |   |

Notes: Files can be sent to PSU in the form of Export files. The file layout will follow the Export Specifications. Files can also be sent using the Excel template. Contact PennData for an electronic copy of the template.

### **Export Specifications**

#### Introduction

The Bureau of Special Education Data Collection and Reporting System managed by the Pennsylvania State Data Center, Penn State Harrisburg, collects student data for the generation of federal and state reports. Pennsylvania Intermediate Units supply the individual data specified in this Resource Guide. Export Specifications details the format of the data export files for submission to Penn State.

#### **Confidentiality**

The PSU team assures that the information received from the IU will be kept confidential.

#### **Adhoc Reports**

Adhoc reports may be requested of PSU by the Department of Education, Bureau of Special Education. All requests for reports must be submitted through BSE. PSU will complete the reports in a timely manner and send them to BSE. The reports will be in either Excel or Access format.

#### Corrections and updates of data during reporting phase

PSU will notify any IU of data that needs to be corrected. Error reports will be sent to the IU for corrections to be made. If after submission of data to the PSU and before the deadline for submitting data, an IU may submit a corrected or updated version of their database.

#### **Duplicate resolution**

Intermediate Units are responsible for resolving duplicate student records within their IU before submitting export files to PSU. After receiving export files from all IUs, PSU will identify possible duplicate student records across IUs and will send back a list of these students to relevant IUs via email. The email with the list of possible duplicate student records across IUs will contain instructions and a time frame for resolving the duplicates. Intermediate units will determine if the child should be included in their file.

#### **Intermediate Units data responsibilities**

The Intermediate Units will be responsible for the accuracy of the data that is sent to PSU. PSU will check for duplicates across Intermediate Units and for missing data. If there is missing data, PSU will send the file back to the IU for corrections.

#### **Data Assumptions**

- 1. All students will be counted by their home district.
- 2. APS students will be included unless otherwise noted.
- 3. Wards of State will be counted as a "Home District" in each IU.

#### **Edit Checks IUs must perform prior to submission**

- The file must only have **34 data fields** or items for each record.
- Only **33 commas** per record.
- No extra spaces at the end of each line.
- Spaces are not allowed as place holders for blank values. For example, if there is no Middle Initial the field should be left blank and not filled with a space.
- Special characters (such as parentheses and quotation marks) are not allowed. For the Child's Address fields (Items 29 & 30), pound sign (#), dashes (-), and periods (.) will be accepted. A dash is permitted in the Last Name field (Item 4), Teacher's Last Name (Item 15), and the Zip Code field (Item 18) when using the Zip+4 format. Apostrophes are permitted in the Last Name field (Item 4) and Teacher's Last Name (Item 15) fields
- Parentheses are not allowed error example "Smith (Jones)" in last name field.
- Nicknames with quotation marks are not allowed in field with other first name error example Thomas "TJ".
- Suffix Jr., III in Last Name field (Item 4) are allowed with a space after the last name. e.g. Smith Jr
- Middle initial must be 1 character only error example "M." or Thomas."
- Format the date fields as text in the arrangement MMDDYYYY, for example 02011990
- Include leading zeroes for all fields that require leading zeroes.
- Student Age as of December 1 must be between age 2 and age 7
- Home District of any student must fall within the boundaries of the Preschool EI Program reporting the student.
- If the EI Preschool Educational Environment is an Approved Private School then the Service Provider must be an APS.
- EI Preschool Educational Environments: Verify to be sure the codes are used correctly and consistently
  - o Consider whether each disability population is being served without disproportionality in any educational environment
  - o Consider whether the numbers of children in any educational environment (especially the most restrictive) are proportionate as compared to State averages

#### **File Specifications**

The monthly preschool aggregate database contains one record for each student in the Preschool EI Program starting July 1, 2011 through the end of the month being reported. Each record will include exactly 34 data items with each data item separated by a comma (total 33 commas per line). Each record (or row) in the file represents a unique student.

The student database is due every month on the 5<sup>th</sup> of the month for the time period starting on **July 1**, **2011** and ending on the last day of the previous month. For example, the September file would be due Oct 5<sup>th</sup> and contain data for **July 1**, **2011 through September 30**, **2011**. The June file would be due July 5<sup>th</sup> and contain data for **July 1**, **2011 through June 30**, **2012**.

File Name: IU\*\*\_Preschool\_MMMYYYY\_MMDDYYYY.txt where '\*\*' is equal to the IU number and MMMYYY is the data month/year (i.e. Jul2010) and MMDDYYYY is equal to the month-day-year the file is being submitted in the MMDDYYYY format (i.e., 12052005). Report: Individual student data used to create federal reports, ad-hoc reports, and student monitoring reports. Number of Rows: Equal to the number of students in the database

#### **Number of Values per Row: 34**

#### Details:

File shall consist of rows (the number of rows must equal the number of students in the database) with each row containing **34** data values. A comma must separate each data value; therefore each row must contain **33** commas.

#### Row(s) = Number of Students

Value 1 – PAsecureID or Student ID Number

Value 2 – Last Name

Value 3 – First Name

Value 4 – Middle Initial

Value 5 – Birth Date

Value 6 – Gender

Value 7 – Race/Ethnicity

Value 8 – Limited English Proficient (LEP)

Value 9 – Disability Category

Value 10 – Secondary Disability Category

Value 11 - Residency

Value 12 – Home District

Value 13 – Service Provider

Value 14 – Reserved – Do not use

Value 15 – Teacher's Last Name

Value 16 – EI Preschool Funding Status

Value 17 – EI Preschool Referral Source

Value 18 – LRE EI Preschool Educational Environments

Value 19 – Attends Regular Early Childhood Program

Value 20 - Reserved - Do not use

 $Value\ 21-\ Reserved-Do\ not\ use$ 

Value 22 - Date Permission to Evaluate Requested by Parent

Value 23 - Date Permission to Evaluate Sent

Value 24 - Date Received Parent Consent

Value 25 – Reason Date Received Parent Consent is Blank

Value 26 – Date ER Issued to Parent

Value 27 – Reason ER Not Within 60 Calendar Days of Parent Permission

Value 28 – Date IEP Developed

Value 29 – Child's Address Line 1

Value 30 – Child's Address Line 2

Value 31 – City

Value 32 – Zip

Value 33 – Date Exited Preschool EI

Value 34 – Reason for Exiting Preschool EI

#### **General Formatting Information for export file**

- All data export files must be in standard ASCII comma-separated variable (CSV) format, sometimes called "comma delimited text."
- The data files shall consist of rows of integer data separated by commas.
- There must be no blank rows in the file; each line of the file will be treated as a row of data.
- For each blank data value make sure there is a comma to indicate a move to the next data value.
- There must be a total of **33 commas** for each row of data.
- Each line must be terminated by a carriage return and line feed combination.
- Files shall be named as indicated in this document, and must be in a MS-DOS compatible file format.

A sample of the data format is shown below:

123456789, Smith, John, A,08202004,01,01,01,15,,,101000000,101000000, Jones,01,01,01,02,,,01152007,01152007,01302007,,02152007,03012007,501 Cherry Lane, New Boston, 12345,09092007,01

This file will contain a row of data for each student. The row contains 34 values, each separated by a comma (for a total of 33 commas per row). If there is not a value, a comma will indicate a value of 'blank'. Be sure to include leading zeros. Dates should be formatted as text in the arrangement MMDDYYYY.

#### **Export Specifications**

Each Intermediate Unit is required to send monthly preschool aggregate data. The data in the file is based on information starting **July 1, 2011**. It is sent to PSU based on data from **July 1, 2011** to the end of the current month. The database file is due every month on the 5<sup>th</sup> of the month for the time period ending on the last day of the previous month. For example, the October file would be due November 5<sup>th</sup> and contain data for July 1 through October 31. The June file would be due July 5<sup>th</sup> and contain data for **July 1, 2011 through June 30, 2012**.

Note: the Files can also be sent using the Excel template. Contact Penn Data for an electronic copy of the template.

The export files are to be sent to Pennsylvania State Data Center.

#### **Transmission of Files**

IU's must submit the files using one of the following:

#### 1. Online Submission

IU's may submit the files using the online PennData File Submission Webapp. The URL for this site is <a href="https://penndata.arl.psu.edu/upload/login">https://penndata.arl.psu.edu/upload/login</a>. A username and password can be obtained by emailing the system administrator at <a href="penndata@psu.edu">penndata@psu.edu</a>. Files can be uploaded to the Webapp using the "Upload Files" tab. Aggregate files should be attached and identified as "Final File" and "EI Aggregate".

#### 2. Electronic Mail

IU's may email the files to the system administrator (**penndata@psu.edu**). The files must be sent to this address as electronic attachments to the email message, <u>not</u> in the body of the message. The files must be encoded using Internet standard MIME format (<u>not</u> Bin Hex or UUEncoded). Files should be named according to the format indicated in this document and zipped into a single file with the naming convention **IU\*\*\_Preschool\_MMMYYYY\_MMDDYYYY.txt** where '\*\*' is equal to the IU number and MMMYYY is the data month/year (i.e. Jul2010) and MMDDYYYYY is equal to the month-day-year the file is being submitted in the MMDDYYYYY format (i.e., 12052005). Files that are not formatted in accordance with this specification will be returned to the sender for correction. The sender must include their name, address, telephone number, email address and **number of records sent** with all correspondence.