

School: _____
Grade: _____

St. Lucie Public Schools
Data Input – Exceptional Student Education

- Check all that Apply**
- Evaluation /Reevaluation
 - IEP EP
 - Dismissal
 - Data Correction Only

Student Name: _____ Student ID#: 56

EVALUATION INFORMATION (student profile/ESE Details/Evaluation) Work in progress (If IEP update is included –Update IEP Info First then add evaluation)

Student Placement Status: (Circle one) **I N P R T**

Type of Evaluation: Initial Evaluation (Including out of state transfers) Reevaluation

Referral Date
(same as District Received Date): _____

Evaluation Start: _____ Reevaluation: _____

Eligibility Determination: _____ Evaluation Completed: _____

Case Manager: _____ Referral Reason: (Circle one) **A B D G H M O P S N P T Y**

CONSENT INFORMATION 60 Day Exception

Evaluation Permission: **NO YES** Permission Date: _____ **DISTRICT RECEIVED DATE:** _____

Placement Consent Given: **NO YES** Placement Consent Date: _____ (same as Referral Date)

STATE REPORTING (Use **ONLY** if dismissed from **ALL ESE** programs) (student profile/ESE Details/State reporting)

Dismissed Date: _____ Dismissal Reason: _____ Comment: _____

IEP/EP/SP INFORMATION (student profile/ESE Details/IEP information) Service Plan: Private School Name: _____

Start IEP/EP/SP: _____ End IEP/EP/SP: _____ **Comments:** _____

IEP Revision: _____ IEP/EP/SP Manager: _____

IDEA Ed Environment: (Circle one) (age 3-5, **except 5** in KG) **A B J K L M S** (AGE6-21, **including 5** in KG) **C D F H P Z** ESY Services: (Circle one) **NO YES**

IDEA Start Date: _____ IDEA End Date: _____ If No, and ESY not yet determined, complete recheck date

EXCEPTIONALITIES/PROGRAMS (student profile/ESE Details/Exceptionalities & Programs) **All information for new exceptionalities is required**

Exceptionality <small>New</small>	Placement Status	Dismissed	Referral Date	Eval Completion/ Orig Eval	Eligibility	Placed	Gifted Elig	Mins
							A, B, or Z	To/ From
Primary	N P T							
Other	N P T							
Other	N P T							
Other	N P T							
Other	N P T							

RECHECK

Recheck Date: _____ Reason for Recheck: ESY Determination (data specialist, type in the comment)

ESE COST FACTOR (always **ADD** Never **Edit**) **Must be completed for every IEP review/amendment** (Student Profile/ESE/ESE Details/ESE Cost Factor/ADD)

Effective Date	Curriculum Learning	Social Emotional	Independent Functioning	Health Care	Communication	Special Consider	Total Ratings	Cost Factor
_____	_____	_____	_____	_____	_____	_____	_____	_____

SPECIAL CONSIDERATIONS

- ELIGIBLE FOR HOSPITAL/HOMEBOUND RECEIVING INDIVIDUAL INSTRUCTION..... 13 Points
- PRE-K SERVED IN HOME OR HOSPITAL ON A ONE-TO-ONE BASIS 13 Points
- DEAF AND ENROLLED IN AN AUDITORY-ORAL EDUCATION PROGRAM BEGINNING WITH THE 2017-18 SCHOOL YEAR 4 Points
- PRE-K STUDENT EARNING LESS THAN 0.5 FTE DURING AN FTE SURVEY PERIOD 3 Points
- STUDENT IDENTIFIED AS VISUALLY **OR** DUAL-SENSORY IMPAIRED 3 Points
- EXACTLY 17 (5 IN 3 DOMAINS and 1 IN REMAINING DOMAINS) **OR** EXACTLY 21 (5 IN 4 DOMAINS and 1 IN REMAINING DOMAIN).... 1 Point

ESE Minutes / SPECIAL EDUCATION PLACEMENT **DO NOT COMPLETE THIS SECTION FOR GIFTED ONLY STUDENTS** (Student Profile/ESE/ESE Details/ESE Minutes/Edit)

SEP: (Circle one) **A B C** Mins in School Week: _____ Mins w/Non-Disabled: _____

SPECIAL PROGRAMS Category (Student Profile/Special Programs/)

Alternate Assessment Administered (Alt Assess)	State Code: D P	Prior Program End date	New Start Date
FIG – State Assessment Ignore from Pregrid (Local Programs)			
BIP – Behavior Intervention Plan (Local Programs)			
FBA - Functional Behavior Assessment (Local Programs)			
Test Accommodations (Fed/ST Ind) Select one if applicable			

A C D I L M P Q R S T U V X Y Z

SPECIAL TRANSPORTATION (Student Profile/Busing/Transport)

Code(s)	Prior End date	New Start Date

LEA: _____ Date: _____

School Data Specialist: _____ Date: _____

Directions for completing Data-Input Form – Exceptional Student Education

- School- Enter Student’s current school number or name.
- Work in Progress – Check box ONLY if the evaluation/reevaluation is not yet completed.
- Student Placement Status – Circle the appropriate code related to the student’s placement. (see key chart)
- Type of Evaluation – Indicate the type of evaluation: 4a. Initial Evaluation, 4b. Reevaluation
- Referral Date – Date parent signed consent for the evaluation.
- Evaluation Start –Date the last test is given.
- Reevaluation - Enter the date that reevaluation is due (no more than 3 years from evaluation start date.)
- Eligibility Determination - The date the initial eligibility or ineligibility determination for ESE was made by the staffing committee.
- Evaluation Completed - The date all applicable initial evaluation procedures are completed for the purpose of determining a student’s initial eligibility for exceptional student education.
- Referral Reason – Circle the appropriate code which gives the reason for which the initial student referral for exceptional education was made.

Student Placement Status Key
E - Evaluated and Pending Eligibility Determination
I – Evaluated and Ineligible
P – Determined Eligible and Placed (in-state transfers)
N – Determined Eligible and Not Placed
R – Referred and Pending Evaluation
T – Transferred and Placed (OUT OF STATE ONLY)

A - Academic	B - Behavior	D – Disabilities	G - Gifted	H - Health	M - Disability & Gifted	P - PreK	O - Other	S -Speech
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- 60 Day Exception–Indicate whether an exception to the 60-day timeline for initial evaluation has been agreed on by the parent and the LEA. (See Key Chart)
- Evaluation Permission –Indicate if the parent gave permission for Evaluation. Yes or No.
- Permission Date – Indicate the date the parent gave permission for Evaluation.
- District Received Date – (Same as Referral Date) Date the parents signed consent.
- Placement Consent Given – Indicate if the parent gave permission for Placement. Yes or No.
- Placement Consent Date – Indicate the date the parent gave permission for Placement.
- State Reporting-Dismissed Date –The date the student was found no longer eligible for ESE services. 17a. Dismissal Reason (See Key Chart)
- Service Plan –Indicate if the student has a Service Plan. 18a Private School Name – Name of the Private School
- Start IEP - The date of the most recent IEP, EP or Services Plan.
- End IEP - The date of the most recent IEP, EP, or Service Plan Expires.
- Date of Amended IEP. 21a. IEP Manager – Indicate the IEP manager or person responsible for the IEP.
- IDEA ED Environment Code – Indicate the educational environment in which a student with disabilities is served.

60 Day Timeline Exception Key	
N- No exc/ext beyond the 60-day	T- Transferred out of district during the evaluation process
P- Student unavailable to assess	Y- Parent and the LEA agreed on extension.

Dismissal Reason Key
D- Dismissed
R-Parent Revoked Consent

Age 3-5 Years, Excluding Kindergarten students who are age 5	
J - For children who are on your school campus for therapy/special ed services and DO NOT attend a childcare center anywhere.	L - For PK student attending a special education PK classroom only (separate class setting on your campus).
K- For PK student attending a public or private general ed PK program, receiving the majority of special education/related services inside the early childhood program setting. Example: ESE services provided on site at gen ed Early Childhood Program.	M- For PK student attending a public or private general ed PK program, receiving the majority of special education/related services outside the early childhood program setting. Example: student coming to your school from a gen ed PK program to receive therapy or special education services in an ESE setting.
A - For PK student receiving instruction in the home or a medical facility through the H/H Program.	S - For PK student receiving special education services in a Separate Day School.

Exceptionality Key
3 - Orientation & Mobility
C - Orthopedically Impaired
D - Occupational Therapy
E - Physical Therapy
F - Speech Impaired
G - Language Impaired
H - Deaf/Hard of Hearing
I - Visually Impaired
J - Emotional/Behavioral Disability
K - Specific Learning Disabled
L - Gifted
M – Homebound/Hospital
O - Dual-Sensory Impaired
P - Autism Spectrum Disorder
S - Traumatic Brain Injured
T - Developmentally Delayed
V - Other Health Impaired
W - Intellectual Disabilities
X - Language Therapy-Related Srv
Y – Speech Therapy -Related Srv

Age 6-21 Years, Including Kindergarten students who are age 5		
C - Corrections Facility	F - Public Separate Facility	P - Private School
D - Private Separate Facility	H – Home/Hospital	Z - None of the above

- IDEA Start Date- date the current IDEA code began. 22b. IDEA End Date- date the current IDEA code ends.
- ESY Service- Circle the appropriate letter to indicate whether or not a student is eligible to receive extended school year (ESY) services in accordance with the student’s individual educational plan (IEP). (See below) If ESY

N	The IEP team determined that ESY services were not necessary. If No due to ESY not yet determined, complete recheck date.
Y	The student is eligible to receive extended school year services in accordance with an IEP team decision.

- Exceptionalities /New – Indicate any/all exceptionalities the student has recently been found eligible and placed.
- Exceptionalities /Primary - Primary indicates that exceptionality which most affects the student’s ability to learn
- Other Exceptionalities- Indicate each exceptionality or related service beyond the primary exceptionality in which the student is placed.
- Placement Status-Code defining the placement status of the program. (see Student Placement Status Key Chart above)
- Dismissed- Date the student is found no longer eligible for the program.
- Referral Date-The Date the initial referral for the Program was made.
- Evaluation Completion- Date the initial referral for the Program was completed.
- Eligibility- The date initially found eligible for the program.
- Placed- The initiation date for services for the program. Actual start date of services vs IEP start date.
- Gifted Eligibility- Identify the eligibility criteria under which a student was found eligible for the gifted program.

A – IQ 130 or Higher	B – Low SES or LEP & Alt Elig Criteria	Z –Out of State Transfer
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- Mins to/from- Indicate the minutes of service per week for therapy, vision, or related services. Mins to & mins from will be the same. Ex 30/30
- Recheck – If IEP needs to be reviewed for ESY Services at a later date, Enter date the recheck will need to be completed by.
- Effective Date – Date of the most recent Matrix of service.
- Domains – Indicate the appropriate number for each Domain according to the Matrix of Service.

Curriculum Learning	Social Emotional	Independent Functioning	Health Care	Communication
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- Special Considerations-Indicate any appropriate Special Consideration according to the Matrix of Service.
- Total Rating- Total Rating from Matrix of Service.
- Cost Factor- Cost Factor based on level of services provided.
- SEP- Indicate Placement based on amount of time Student is with General education students. (40-42 N/A for Gifted)

A – 80% -or more with Gen Ed	B – 41% - 79.99% with Gen Ed	C – 0% - 40.9% with Gen Ed
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- Minutes in School Week-Total minutes of school week. (bell to bell- including lunch and transition times)
- Minutes with Non-Disabled – Total minutes ESE student is with General Education Students during the school week.
- a. Prior Program End Date –Enter the date the old plan will end. 44b. Program Begin Date - End the date the current plan begins.

Alternate Assessment-Select Either D-Datafolio or P-Performance Tasks	FIG-State Assessment Ignore from Pre-grid
BIP – Behavior Intervention Plan	FBA – Functional Behavior Assessment

- Test Accommodations.
- | | | | | | |
|-----------------------------|--------------------|--|-----------------------|------------------|----------------------|
| A-Amer Sign Lang | C-Cont Braille UEB | D-Cont Braille-UEB Nemeth | I-1 Item per pg | L-Lg Print | M-Masking Online |
| P-Reg Print paper based | Q-Unique Accom | R-Read/Write Booklet | S-Lg print read/Write | T-Text to Speech | U-Uncont Braille-UEB |
| V-Uncont Braille-UEB Nemeth | X-Closed Caption | Y-Other Test Accom (ex. flex sch/flex setting) | Z-Not Applicable | | |

- Special Transportation.
- | | | | | | |
|---|-----------------------|---------------------------|-----------------------|---------------------|-----------------|
| B – Seat Belt | D – Shortened Day | F – Reimburse Parent | M – Medical Condition | S – Aide or Monitor | W – Wheel Chair |
| C - Car Seat | E – Medical Equipment | G – Residence not in Zone | O – Out of District | V – Easy on Vest | X - Oxygen |
| T – Specialized Need other than Established | | | | | |

- Code – Enter all Special Transportation codes that apply.
- Prior End Date – Enter the Date the Prior Special Transportation should end. (ex. Day of the IEP meeting)
- New Start Date – Enter the Date the New Transportation Should begin. (ex. Day After the IEP meeting)