

Special Education Student Data Form  
FTE Cycles 1 and 3

Student Name: \_\_\_\_\_

Caseload Manager: \_\_\_\_\_

Special Education Primary Area (Check One):

- |   |  |
|---|--|
| <input type="checkbox"/> (P) Mild Intellectual Disability     | <input type="checkbox"/> (Y) Other Health Impaired           |
| <input type="checkbox"/> (Q) Moderate Intellectual Disability | <input type="checkbox"/> (Z) Visual Impairment               |
| <input type="checkbox"/> (R) Severe Intellectual Disability   | <input type="checkbox"/> (1) Blind                           |
| <input type="checkbox"/> (S) Profound Intellectual Disability | <input type="checkbox"/> (2) Deaf and Blind                  |
| <input type="checkbox"/> (T) Emotional Behavioral Disorder    | <input type="checkbox"/> (3) Speech /Language Impairment     |
| <input type="checkbox"/> (U) Specific Learning Disability     | <input type="checkbox"/> (4) GNETS                           |
| <input type="checkbox"/> (V) Orthopedic Impairment            | <input type="checkbox"/> (6) Autism                          |
| <input type="checkbox"/> (W) Hearing Impairment               | <input type="checkbox"/> (7) Traumatic Brain Injury          |
| <input type="checkbox"/> (X) Deaf                             | <input type="checkbox"/> (8) Significant Developmental Delay |

**ONLY** if the Primary Area is *Autism, Traumatic Brain Injury, or Significant Developmental Delay*, please select the area which best describes the level of functioning for the student (Check one if applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> (P) Mild Intellectual Disability     | <input type="checkbox"/> (Y) Other Health Impaired       |
| <input type="checkbox"/> (Q) Moderate Intellectual Disability | <input type="checkbox"/> (Z) Visual Impairment           |
| <input type="checkbox"/> (R) Severe Intellectual Disability   | <input type="checkbox"/> (1) Blind                       |
| <input type="checkbox"/> (S) Profound Intellectual Disability | <input type="checkbox"/> (2) Deaf and Blind              |
| <input type="checkbox"/> (T) Emotional Behavioral Disorder    | <input type="checkbox"/> (3) Speech /Language Impairment |
| <input type="checkbox"/> (U) Specific Learning Disability     | <input type="checkbox"/> (4) GNETS                       |
| <input type="checkbox"/> (V) Orthopedic Impairment            |  |
| <input type="checkbox"/> (W) Hearing Impairment               |  |
| <input type="checkbox"/> (X) Deaf                             |  |

Special Education Secondary Area (Check One if applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> (P) Mild Intellectual Disability     | <input type="checkbox"/> (Y) Other Health Impaired           |
| <input type="checkbox"/> (Q) Moderate Intellectual Disability | <input type="checkbox"/> (Z) Visual Impairment               |
| <input type="checkbox"/> (R) Severe Intellectual Disability   | <input type="checkbox"/> (1) Blind                           |
| <input type="checkbox"/> (S) Profound Intellectual Disability | <input type="checkbox"/> (2) Deaf and Blind                  |
| <input type="checkbox"/> (T) Emotional Behavioral Disorder    | <input type="checkbox"/> (3) Speech /Language Impairment     |
| <input type="checkbox"/> (U) Specific Learning Disability     | <input type="checkbox"/> (4) GNETS                           |
| <input type="checkbox"/> (V) Orthopedic Impairment            | <input type="checkbox"/> (6) Autism                          |
| <input type="checkbox"/> (W) Hearing Impairment               | <input type="checkbox"/> (7) Traumatic Brain Injury          |
| <input type="checkbox"/> (X) Deaf                             | <input type="checkbox"/> (8) Significant Developmental Delay |

Secondary Area Number of Segments (Check one if applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> (1) 1 segment  | <input type="checkbox"/> (4) 4 segments |
| <input type="checkbox"/> (2) 2 segments | <input type="checkbox"/> (5) 5 segments |
| <input type="checkbox"/> (3) 3 segments | <input type="checkbox"/> (6) 6 segments |

Special Education Exit Code (Check one if applicable):

- (1) Moved, known to be continuing service  
 (2) Withdrawn  
 (3) Returned to regular education  
 (4) Reached maximum age

Special Education Exit Date (if applicable):

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM - DD - YYYY

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Extended Year Services (Check one):

- (Y) Special Education extended year services received  
 (N) Services not received

Number of Transported Segments (Check one if applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> (1) 1 segment  | <input type="checkbox"/> (4) 4 segments |
| <input type="checkbox"/> (2) 2 segments | <input type="checkbox"/> (5) 5 segments |
| <input type="checkbox"/> (3) 3 segments | <input type="checkbox"/> (6) 6 segments |

Number of Itinerant Teacher Services (Check one if applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> (1) 1 segment  | <input type="checkbox"/> (4) 4 segments |
| <input type="checkbox"/> (2) 2 segments | <input type="checkbox"/> (5) 5 segments |
| <input type="checkbox"/> (3) 3 segments | <input type="checkbox"/> (6) 6 segments |

Number of Supplemental Speech Segments (Check one if student receives **FOUR** or **MORE** Segments of Special Education **AND** Speech services):

- (1) 1 segment (if student receives 1 segment of speech per week)  
 (2) 2 segments (if student receives 2 segments of speech per week)

Inclusion Segments (Check one if applicable):

Paraprofessional Segments:

- |   |   |
|---|---|
| <input type="checkbox"/> (1) 1 segment  | <input type="checkbox"/> (4) 4 segments |
| <input type="checkbox"/> (2) 2 segments | <input type="checkbox"/> (5) 5 segments |
| <input type="checkbox"/> (3) 3 segments | <input type="checkbox"/> (6) 6 segments |

Interpreter Segments:

_____ (1) 1 segment	_____ (4) 4 segments
_____ (2) 2 segments	_____ (5) 5 segments
_____ (3) 3 segments	_____ (6) 6 segments

Job Coach Segments:

_____ (1) 1 segment	_____ (4) 4 segments
_____ (2) 2 segments	_____ (5) 5 segments
_____ (3) 3 segments	_____ (6) 6 segments

Assistive Personnel Segments:

_____ (1) 1 segment	_____ (4) 4 segments
_____ (2) 2 segments	_____ (5) 5 segments
_____ (3) 3 segments	_____ (6) 6 segments

Certified Teacher- Not Special Education Segments:

_____ (1) 1 segment	_____ (4) 4 segments
_____ (2) 2 segments	_____ (5) 5 segments
_____ (3) 3 segments	_____ (6) 6 segments

Certified Special Education Teacher / Collaborative Model Segments:

_____ (1) 1 segment	_____ (4) 4 segments
_____ (2) 2 segments	_____ (5) 5 segments
_____ (3) 3 segments	_____ (6) 6 segments

Special Education Student Data Form  
FTE Cycle 2

Student Name: \_\_\_\_\_

Caseload Manager: \_\_\_\_\_

Special Education Environment (Check One):

If age is *greater than 5* as of September 1:

- \_\_\_\_\_ (1a) Regular class at least 80%
- \_\_\_\_\_ (2a) Regular class from 40% to 79%
- \_\_\_\_\_ (3a) Regular class less than 40%
- \_\_\_\_\_ (4a) Public separate school facility greater than 50%
- \_\_\_\_\_ (5a) Private separate school facility greater than 50%
- \_\_\_\_\_ (6a) Public residential greater than 50%
- \_\_\_\_\_ (7a) Private residential facility greater than 50%
- \_\_\_\_\_ (8a) Correctional facility
- \_\_\_\_\_ (9a) Hospital Homebound
- \_\_\_\_\_ (0) Parentally placed in private school

If age is less than 5 as of September 1:

- \_\_\_\_\_ (1c) Regular Early Childhood Program at least 80% of the time
- \_\_\_\_\_ (2c) Early Childhood Program from 40% to 79% of the time
- \_\_\_\_\_ (3c) Early Childhood Program less than 40% of the time
- \_\_\_\_\_ (4c) Special Education Classroom setting
- \_\_\_\_\_ (5c) Separate School
- \_\_\_\_\_ (6c) Residential Facility
- \_\_\_\_\_ (7c) Home
- \_\_\_\_\_ (8c) Service Provider Location
- \_\_\_\_\_ (0) Parentally Place in Private School

IEP Services (Check one):

- \_\_\_\_\_ (Y) Yes, student is receiving all IEP services
- \_\_\_\_\_ (N) No, student is not receiving all IEP services

GAA Flag (Check One):

- \_\_\_\_\_ (N) No
- \_\_\_\_\_ (Y) Yes

Hours Per Week (Code one of the following Hours per Week code for EACH Exceptionality applicable to student):

- |                        |                   |
|------------------------|-------------------|
| (N) No hours           | (5) 5 hours       |
| (X) Less than one hour | (6) 6 – 10 hours  |
| (1) 1 hour             | (7) 11 – 15 hours |
| (2) 2 hours            | (8) 16 – 20 hours |
| (3) 3 hours            | (9) 21 – 25 hours |
| (4) 4 hours            | (0) Over 25 hours |

- |  |   |
|--|---|
| _____ (P) Mild Intellectual Disability     | _____ (Y) Other Health Impaired           |
| _____ (Q) Moderate Intellectual Disability | _____ (Z) Visual Impairment               |
| _____ (R) Severe Intellectual Disability   | _____ (1) Blind                           |
| _____ (S) Profound Intellectual Disability | _____ (2) Deaf and Blind                  |
| _____ (T) Emotional Behavioral Disorder    | _____ (3) Speech /Language Impairment     |
| _____ (U) Specific Learning Disability     | _____ (4) GNETS                           |
| _____ (V) Orthopedic Impairment            | _____ (6) Autism                          |
| _____ (W) Hearing Impairment               | _____ (7) Traumatic Brain Injury          |
| _____ (X) Deaf                             | _____ (8) Significant Developmental Delay |

Related Services (Code one of the following Hours per Week code for EACH Related Service applicable to student):

- (N) No hours
- (X) Less than one hour
- (1) 1 hour
- (2) 2 hours
- (3) 3 hours
- (4) 4 hours
- (5) 5 hours
- (6) 6 – 10 hours
- (7) 11 – 15 hours
- (8) 16 – 20 hours
- (9) 21 – 25 hours
- (0) Over 25 hours

- |  |                                    |
|--|------------------------------------|
| _____ (A) Direct Adaptive PE services      | _____ (E) Occupational Therapy     |
| _____ (B) Audiology Services               | _____ (F) Physical Therapy         |
| _____ (C) Counseling                       | _____ (G) Psychological Services   |
| _____ (D) Diagnostic Services              | _____ (H) Interpreter Services     |
| _____ (I) School Health / Nursing Services | _____ (K) Special Transportation   |
| _____ (J) School Social Work Services      | _____ (L) Orientation and Mobility |

Special Education Student Data Form  
Student Records

Student Name: \_\_\_\_\_

Caseload Manager: \_\_\_\_\_

Please complete the following event dates as applicable to the student:

Event Code	Event Date	Student Present	Parent Present
(01) Babies Can't Wait Notification			
(02) Parent Consent to Evaluate			
(03) Initial Evaluation			
(04) Initial Eligibility Meeting Determination			
(05) Initial IEP Meeting			
(06) Initial IEP Placement/ Transition Services Begin			
(07) IEP Annual Review			
(08) Re-eligibility Determination			
(09) Special Education Exit			
(10) Parent Revoked Consent			