

Today's Date ____/____/____

____ Schools
Student Data and State Reporting Form for Special Education

Last Name: _____ **First Name:** _____ **MI** _____
State ID#: _____
DOB: ____/____/____ **Gender:** M F **Current Grade Level:** _____
Ethnicity: Caucasian Black or African Am. Hispanic or Latino Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander
Medicaid: Yes ___ No ___ **Event 10 Written parent consent for Medicaid and/or Private Ins** ____/____/____
Type of IEP: New/Initial Re-Eval Annual Other _____
Most Recent Evaluation Date: ____/____/____ **Current IEP Date:** ____/____/____
School Name: _____
Case Manager Name: _____ **SS#:** _____ - _____ - _____ SS# on file

New 2010 requirement: Primary Area of Exceptionality:

- G)** Gifted only or gifted with a secondary IDEA disability
 SE) Special Education only or gifted with a primary IDEA disability

Disability Code: (Must correspond to eligibility determination) Did Not Qualify
Indicate (P) for Primary and (S) for Secondary in the blank if dual-eligibility is indicated by the Eligibility Determination Team. If a tertiary or quaternary disability is identified, list as (T) or (Q).
Must match MDT determination.

- AU Autism DB Deaf/Blind DD Developmentally Delayed ED Emotionally Disturbed
 HI Hearing Impaired MR Mentally Retarded MD Multi-Disabled
 OHI Other Health Impaired OI Orthopedically Impaired SL Speech/Language Impaired
 SLD Specific Learning Disabled TBI Traumatic Brain Injury VI Visually Impaired

Related Services:

- Speech/Language
 Physical Therapy
 Occupational Therapy
 Social Work
 Psychological
 Orientation/Mobility
 Interpreter for Deaf
 Audiological
 Recreational Therapy
(Voc. Rehab. Counselor)
 Residential Facility Svcs

Name of Provider:

Level of Services:

- 1) Up to 10% of day
 2) 11% - 49%
 3) 50% of the day or more
 4) Up to a full day or 3Y/4Y
 Parent refuses services

Initial Evaluation Only

- (E30) Parent Consent to Evaluate: ____/____/____
(E31) Evaluation Date: ____/____/____
(E32) MDT Eligibility (Y) ____/____/____
(E33) MDT Eligibility (N) ____/____/____

Early Childhood (EC) Setting (Ages 3-5)

- 01) EC at least 80% of time 02) EC 40-79% of time 03) EC less than 40% of time 04) Homebound
 05) Public Separate School 06) Private Separate School 07) Public Residential Facility
 08) Private Residential Facility 10) Private school—parent placed 14) Alternative Schools
 16) Service Provider Location 17) Separate Class 18) Hospital 19) Private School IEP placed

Setting: School-Age (SA) (Ages 6-21)

- 01) Regular class 80% or more 02) Regular class room 40 to 79% 03) Regular class less than 40%
 04) Homebound 05) Public Separate School 06) Private Separate School 07) Public Residential Facility
 08) Private Residential Facility 09) Juvenile Detention Center 10) Private school—parent placed
 12) Removed to IAES by school personnel 14) Alternative Schools (inc. Family Schools) 15) Removed to IAES by hearing officer
 17) Separate Class 18) Hospital 19) Private School IEP placed 21) Corrections

For Setting codes EC07 and SA07 -- Additional reporting requirements

Placement Type - A)IEP B)Court Decision C)Due Process Hearing D)Parent Request

Service Provider Name - _____ **

** (See STARS Manual Appendix D.20 for valid list of service providers)

Student has current IEP recommending services?

Yes ____ (Students with disabilities, not primary Gifted)
 No ____ (Exited, regular ed, and Gifted only)

Extended School Year (if student receiving extended school year)

Transition Services: Statement on IEP that addresses transition services needed for student 14 years or older? Yes ____ No ____

If the student is 16 years or older:

Upon exit, will he/she need MENTAL HEALTH SERVICES Yes ____ No ____
 Upon exit, will he/she need VOC. REHABILITATION SERVICES Yes ____ No ____
 Upon exit, will he/she need DEVELOPMENTAL DISABILITIES Yes ____ No ____
 Upon exit, will he/she need INDEPENDENT LIVING SERVICES Yes ____ No ____
 Upon exit, will he/she need POSTSECONDARY EDUC. SERVICES Yes ____ No ____

Exit Date: ____/____/____
 (Enter only if student exited after End of Year)

Exit Status:

- 1 Returned to regular ed.
- 4 Reached maximum age
- 5 Deceased
- 6 Moved: known to be continuing
- 8 Dropped out (inc. GED recipients)
- 9 Graduated on Standard Pathway
- 10 Graduated on Career Pathway
- 11 Graduated on Ability Pathway

Graduation Diploma Pathway: (grades 8-12)

Standard Career Ability

Transition IEP Status (for 12th grade sped students who have not graduated:

C: Continuing-in school receiving sped services
 T: Transition-not in school setting, but receiving sped services
 Expected Graduation Timeframe: ____/____/____

Graduating Senior applied for:

4 yr. Post Secondary 2 yr. Post Secondary
 Vocational Military No Application

When did this student graduate or complete high school this year?
 (High School Graduates Only).

- End of First Semester P - End of Second Semester
 B - Summer School

Deaf/Blind Cause:

- A1 Down's Syndrome A2 Trisomy 13 A3 Usher's A4 Other B1 CHARGE Syndrome
- B2 Fetal Alcohol Syndrome B3 Hydrocephaly B4 Maternal Drug Use B5 Microcephaly B6 Other
- C1 Prematurity D2 Herpes D3 Rubella D4 Syphilis D5 Toxoplasmosis D6 Other
- E1 Asphyxia E2 Encephalitis E3 Head Injury/Trauma E4 Meningitis E5 Stroke
- E6 Other F1 Causes not listed previously (Other) F2 Dyslexia (only with an SLD Code)

Vision Impairment:

Partial (20/70 - 20/200) Legally blind (<20/200 or non-conclusive) Light perception only
 Totally blind Visual field less than 20 degrees Not tested

Hearing:

Mild (30-45 dB) Moderate (46-70 dB) Severe (71-90 dB) Profound (91+ dB)
 Tested non-conclusive Not tested

IF the student has a vision and hearing impairment, select where student lives:

Birth/Adoptive parents Extended family Foster parents State residential facility Other
 Private residential facility Group home <6 Group home >=6 Apartment (non-family persons)

Data entered into Power School ____/____/____ **Verified by:** _____