

(Bolded and grayed sections required for Federal Reporting)

Special Education Early Childhood Referral Tracking APSCN Data Form

Complete Referral Tracking if student is without a current IEP. Go to following page to place student in Special Education Module.

Referral Tracking	
Social Security # (9 digit) _____	
Last Name _____ First Name _____ Middle Name _____	
Sex (M or F) _____ Birthdate _____ (MM/DD/YYYY) Ethnic Code _____ ELL (Y or N) _____	
<small>(Ethnic codes-Code all that apply: H= Hispanic; N= Am Indian; A=Asian; B=Black or African Am; P =Native Hawaiian/Pac Islander; W=White)</small>	
Grade _____	Resident LEA _____ Private School (Y or N) If Y, Name _____
Referral Date _____ (MM/DD/YYYY)	EC Only _____ Transition Part C to B (Y or N) _____ Part C & B Concurrent (Y or N) _____
Parent Consent to Eval Date _____ (MM/DD/YYYY)	Eval Date _____ (MM/DD/YYYY)
Eligibility Determination Date _____ (MM/DD/YYYY)	Temporary Student (Y or N) _____
Reason Timeline exceeded 60 Days in Consent to Eval	Reason Timeline exceeded 30 Days in Eval to Elig Det
<input type="checkbox"/> IL =Child or Family Illness/Death Delayed Evals <input type="checkbox"/> EV =Evals not Completed in Accordance with Timelines due to IEP team <input type="checkbox"/> EC =Family Cancelled ED Conference(s) requiring reschedule <input type="checkbox"/> FM =Family Moved making the Child Unavailable <input type="checkbox"/> OT =Other _____ <input type="checkbox"/> PW =Parent Withdrew Consent <input type="checkbox"/> TR =Transferred from another Program during due process <input type="checkbox"/> AT =Additional testing needed; defined by IEP team <input type="checkbox"/> HV =Failed hearing/vision exam (i.e. waiting for glasses)	<input type="checkbox"/> IL =Child or Family Illness/Death Delayed Evals <input type="checkbox"/> EV =Evals not Completed in Accordance w/ Timelines due to IEP team <input type="checkbox"/> FC =Family Cancelled ED Conference(s) requiring reschedule <input type="checkbox"/> FM =Family Moved making the Child Unavailable <input type="checkbox"/> OT =Other _____ <input type="checkbox"/> PW =Parent Withdrew Consent <input type="checkbox"/> TR =Transferred from another Program during due process
Reason EDD after 3rd Bday (EC Only)	Student Placed in Special Education (Y or N) _____
<input type="checkbox"/> IL =Child or Family Illness/Death Delayed Evals <input type="checkbox"/> EV =Evaluations not Completed in Accordance with Timelines due to IEP team <input type="checkbox"/> OT =Other _____ <input type="checkbox"/> PR =Parent Refused Initial Consent to test/place <input type="checkbox"/> TR =Transferred from another Program during due proces <input type="checkbox"/> PC ="Part C" Failed to Refer Child for Transition within Timelines	Parent Consent to Place Date _____ Reason Referral is Complete: <input type="checkbox"/> ED =Child died <input type="checkbox"/> EI =Placed in EIS; use of VI-B funds <input type="checkbox"/> FM =Family Moved <input type="checkbox"/> RS =Parent refused services <input type="checkbox"/> SP =Placed in Sp Ed <input type="checkbox"/> TR =Transferred to another program <input type="checkbox"/> NE =Not Eligible for Sp Ed <input type="checkbox"/> NT =IEP team determined no testing required only referral conference held <input type="checkbox"/> OT =Other Specify: _____
<p>If student was placed in Special Education, complete additional information beginning at 'Primary Disability' on the General Information Page 1 Screen of EC APSCN Data Form on following page.</p>	

Special Education Early Childhood APSCN Data Form

(Bolded and grayed sections required for Federal Reporting)

General Information Page 1 Screen

Student ID# (9 digit) _____ **Social Security # (9 digit)** _____

Last Name _____ **First Name** _____ **Middle Name** _____

Transfer (Y or N) **Birthdate** _____ **(MM/DD/YYYY)** **Ethnicity** _____ **Gender (M or F)**

(Ethnic codes-Code all that apply: H= Hispanic; N= Am Indian; A=Asian; B=Black or African Am; P =Native Hawaiian/Pac Islander; W=White)

District LEA (first four digits) _____ **Primary Disability** _____ **Educational Environment** _____

Language _____

Address _____ Apartment _____ Complex _____ Lot _____

City _____ State _____ Zip Code _____ Parent/Guardian _____

Phone _____ Emergency Phone _____ Comment _____

(Primary Disability Codes: AU= Autism; DB= Deaf-Blindness; HI= Hearing Impaired; MD= Mutiple Disabilities;

OHI= Other Health Impairment; OI= Orthopedic Impairments; SI= Speech/Language Impairments;

TBI= Traumatic Brain Injury; VI= Visual Impairments; PS= Preschool Disabled (Non-Categorical))

(Educational Environment Codes: RG = Regular Preschool Classroom (80% or more in Regular Preschool Classroom); RR = Resource Room (40% to 79% in Regular Preschool Classroom); SC = Self -Contained (40% or less in Regular Preschool Classroom); IO = Itinerant Service Outside Home;

HM = Home; RS = Residential; SP = Early Childhood Special Education; SS = Separate School)

General Information Page 2

Medicaid Eligible (Y or N) Medicaid Number _____

To be completed in REFERRAL TRACKING MODULE prior to placing in Early Childhood Special Ed Module if student was a new referral:

Transition Part C (Y or N) Transition Date from Part C _____ (MM/DD/YYYY)

Referral Date _____ (MMDDYYYY) **Referral Conference Date** _____ **Person Referring** _____

Parent Eval Date _____ **Evaluation Date** _____ **Annual Review Date** _____

Elig Det Date _____ (MMDDYYYY) **SpEd Placement (Y or N)** **Temporary IEP (Y or N)**

Early Childhood Outcomes

	<u>Social Emotional</u>		<u>Knowledge/Skills</u>		<u>Self Help</u>	
	Score	Imprvmt	Score	Imprvmt	Score	Imprvmt
Entry Assess Date _____ (MMDDYYYY)	_____	_____	_____	_____	_____	_____
Assess1 Date _____ (MMDDYYYY)	_____	Y or N	_____	Y or N	_____	Y or N
Assess2 Date _____ (MMDDYYYY)	_____	Y or N	_____	Y or N	_____	Y or N
Exit Assess3 Date _____ (MMDDYYYY)	_____	Y or N	_____	Y or N	_____	Y or N

General Information Page 3

Placement Date _____ (MMDDYYYY) **Temporary Student (Y or N)** Agency Name _____

Agency City _____ **Teacher SSN** _____ (9 digits) **Speech ID** _____

Paraprofessional ID _____ Other ID _____ **Program Type** _____

New Student (Y or N) **ELL (Y or N)** **Transition Conference Date** _____ (MMDDYYYY)

Transition Code _____

(**Program Type Codes:** A = ABC; E = Even Start; H = Head Start; O = Other; HI = Hippy; P = Preschool; DC = Licensed Family)

(**Transition Codes:** NS = No Longer Needs Services; TK = Transition with Services to Kindergarten)

Entry/Withdrawal Screen

Entry Date _____ (MMDDYYYY) **Withdrawal Date** _____ (MMDDYYYY) **Exit Status** _____

(**Exit Status Codes:** DI = Deceased; KE = Kindergarten Eligible; MK = Moved, Known Continuing EC SPED; NP = Not Placed;

NS = No Longer Requires Services; US = Unknow Status; PR = Parent Refused Services; MA = Reached Maximum Age (6))

Developmental Needs Information Screen

Developmental Needs: _____

(**Developmental Needs Codes:** CM = Communication; CO = Cognitive; FM = Fine Motor; GM = Gross Motor; SE = Social/Emotional;

SH = Self Help)

Related Services Information Screen

Related Services: _____

(**Related Services Codes:** AS = Assistive Technical Services; CL = Clean Intermittent Catheter; CS = Counseling; MS = Med Serv-Diagn/Eval;

OM = Orientation Mobility; OT = Occupational Therapy; PC = Parent Counseling; PR = Parent Training; PS = Psychological Services;

PT = Physical Therapy; RC = Rehab Counseling Services; RE = Recreation; RT = Therapeutic Recreation; SH = School Health Services;

SW = In School Social Work; TD = Assistive Technology Device; TR = Transportation Service; AU= Audiology)

Anticipated Services Screen

Code: _____

(**Anticipated Services Codes:** AE = Alternative Education Svcs; CM = Case Management Svcs; CS = Communication Svcs; ER = Ongoing Empl-

Rel Svcs; FS = Family Svcs; IL = Independent Living Svcs; LR = Recreation/Leisure Svcs; MB = Mobility Svcs; MH = Mental Health Svcs; MM =

Medically Related Svcs; NS = No Special Svcs; RL = Residential Living Svcs; SP = Svc-Support Post Sec Educ; SS = Social Skills Training;

TA = Tech Aids/Adap Equip Svcs; TS = Specialized Transportation Svcs; VT = Vocational Training/Job Plave Svcs)