

This form has been provided to you as an optional tool to assist in accurate data collection and data entry. Please refer to the DDS Special Ed Training Guide for accurate reporting and understanding of terms and codes.

DDS 3-5yr MySped Data Form

Student Demographics

Social Security # (9 digit) _____

Last Name _____ First Name _____ Middle Name _____

Transfer (Y or N) Birthdate _____ (MM/DD/YYYY) Ethnic Code _____ 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)

Resident LEA (first four digits) _____ ELL _____ Transfer _____

3-5yr Referral Tracking: Complete if student is referred from a 0-3yr program to a 3-5 yr program Or if student is referred and does not have a current IPP.

Transition Part C to B (Y or N) [moving from the 0-3yr program to the 3-5yr program]

Part C & B Concurrent (Y or N)

Referral Date _____ (MMDDYYYY) Parent Consent to Evaluate Date _____ (MMDDYYYY)

Evaluation Date _____ (MMDDYYYY) Reason Eval exceeded 60 day timeline _____

Eligibility Determination Date (EDD) _____ (MMDDYYYY)

Reason EDD 30 day timeline from Eval exceeded _____

EDD Reason (if exceeds 3rd birthday) _____

Temp IEP (3rd b-day) _____ Special Ed Placement (Y/N) _____ Parent Conset to Place in Sp Ed Date _____

Reason Referral Process Complete _____

Reasons for exceeding 60-Day Eval timeline and EDD 30-Day timeline

EV=Evaluations not completed in accordance with timelines due to IPP Team
 EC=Family cancelled evaluation date(s) requiring it to be rescheduled
 FM=Family moved making the child unavailable
 IL=Child or Family illness/death delayed evaluations
 PW=Parent withdrew consent
 TR=Transferred from another program during the due process
 AT=Additional testing needed; defined by IPP Team
 HV=Failed hearing/vision exam (i.e. waiting for glasses)
 OT=Other- clearly state other reason

EDD Reasons for exceeding 3rd birthday

EV=Evaluation not completed in accordance with timelines due to IPP team
 IL=Child or Family illness/death delayed evaluations
 PC="Part C" failed to refer child for transition within timelines
 PR=Parent Refused initial consent to test/place
 TR=Transferred from another program during the due process
 OT=Other- state other reason
 CB=Referral to Part C was < 90 days from 3rd bday resulting in concurrent referral for C & B

Reasons Referral Process is Complete

ED=Child died
 FM=Family moved making the child unavailable
 NE=Not Eligible for Special Education
 RS=Parent refused services
 SP=Placed into special Education
 TR=Transferred from another program during the due process
 NT=IPP Team determined no testing required-only referral conference held
 OT=Other - state other reason

3-5yr Early Childhood Enrollment

Entry Date _____(MMDDYYYY) Primary Disability_____ Educational Environment _____

Program Type _____ Temporary Student (Y/N) _____

(Primary Disability Codes: **AU**= Autism; **DB**= Deaf-Blindness; **ED**= Emotional Disturbance; **HI**= Hearing Impaired; **MD**= Mutiple Disabilities; **MR**= Mental Retardation; **OHI**= Other Health Impairment; **OI**= Orthopedic Impairments; **SI**= Speech/Language Impairments; **SLD**= Specific Learning Disorder; **TBI**= Traumatic Brain Injury; **VI**= Visual Impairments; **PS** = Preschool/NonCategorical)

(Educational Environment Codes: **RG** = Regular Classroom (80% or more SPED); **RR** = Resource Room (40% to 79% SPED); **SC** = Self -Contained (40% or less SPED); **O** = Itinerant Service Outside Home; **HM** = Home; **RS** = Residential; **SP** = Early Childhood Special Education; **SS** = Separate School; **RF** = Residential Facility)

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

3-5yr Early Childhood Outcomes

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

3-5yr Early Childhood Exit

Exit Date _____(MMDDYYYY) Exit Status _____

Kindergarten Transition Status _____

Kindergarten Conference Date _____(MMDDYYYY)

(Kindergarten Transition Status: **TK**=Transitioned to KG with SpEd Re-evaluation Required; **NS** =Transitioned with No Service to Kindergarten)

(Exit Status Codes: **DI** = Deceased; **KE** = Kindergarten Eligible; **MK** = Moved, Known Continuing EC SPED; **NP** = Not Placed; **PR** = Parent Refused Services; **NS** = No Longer Requires Services; **MA** = Reached Maximum Age (6yrs); **US** = Unknown Status)