

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

(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) _____	Building Code _____						
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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>EC Only</small></td> <td></td> </tr> <tr> <td>Transition Part C to B (Y or N)</td> <td></td> </tr> <tr> <td>Part C & B Concurrent (Y or N)</td> <td></td> </tr> </table>	<small>EC Only</small>		Transition Part C to B (Y or N)		Part C & B Concurrent (Y or N)	
<small>EC Only</small>							
Transition Part C to B (Y or N)							
Part C & B Concurrent (Y or N)							
Parent Consent to Eval Date _____ (MM/DD/YYY) Eval Date _____ (MM/DD/YYYY)							
Eligibility Determination Date _____ (MM/DD/YYYY) Temporary Student (Y or N)							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Reason Timeline exceeded 60 Days in Consent to Eval</td> <td style="width: 50%;">Reason Timeline exceeded 30 Days in Eval to Elig Det</td> </tr> <tr> <td> <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) </td> <td> <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 </td> </tr> </table>	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			
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Reason EDD after 3rd Bday (EC Only)	Student Placed in Special Education (Y or N)						
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<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>							

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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:** **A1** =Reg EC program 10+ hrs a wk w/maj of sped srvc in EC prog; **A2**=Reg EC prog 10+ hrs a wk w/maj of sped srvc in Other location; **B1**=Reg EC prog <10 hrs a wk w/majority of sped srvc in EC prog; **B2**=Reg EC prog <10 hrs a wk w/maj of sped srvc in Other location; **HM** = Home; **IO** = Itinerant Service Outside 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 3Placement 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** _____ **Transition Conference LEA** _____

(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; KW = Kindergarten Waiver)

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 = Unknown 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 Place Svcs)