

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 School Age 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.

<b>Referral Tracking</b>				
Social Security # (9 digit) _____	Building Code: _____			
Last Name _____	First Name _____ Middle Name _____			
Sex ( M or F ) _____	Birthdate (MM/DD/YYYY) _____ Ethinc 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"> <tr> <td>EC Only</td> </tr> <tr> <td>Transition Part C to B ( Y or N ) _____</td> </tr> <tr> <td>Part C &amp; B Concurrent ( Y or N ) _____</td> </tr> </table>	EC Only	Transition Part C to B ( Y or N ) _____	Part C & B Concurrent ( Y or N ) _____
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 ) _____			
<b>Reason Timeline exceeded 60 Days in Consent to Eval</b>	<b>Reason Timeline exceeded 30 Days in Eval to Elig Det</b>			
<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			
<b>Reason EDD after 3rd Bday (EC Only)</b>	<b>Student Placed in Special Education ( Y or N )</b>			
<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	<b>Parent Consent to Place Date</b> _____  <b>Reason Referral is Complete:</b> <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: _____			

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.

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**Students must be in the Pentamation Registration Program (SMS) before entering the following data**

**Special Education School Age APSCN Data Form**

**(Bolded and grayed sections required for Federal Reporting)**

**Student Screen**

**Student ID# (9 digit)** \_\_\_\_\_ **Social Security # (9 digit)** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Sex ( M or F )** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ (MM/DD/YYYY) **Ethnic Code(s)** \_\_\_\_\_ **ELL ( Y or N )** \_\_\_\_\_

**Building** \_\_\_\_\_ **Grade** \_\_\_\_\_ **A-Grade** \_\_\_\_\_ **Alternate Portfolio ( Y or N )** \_\_\_\_\_ **Transfer ( Y or N )** \_\_\_\_\_

Medicaid Eligible ( Y or N ) \_\_\_\_\_ Medicaid # \_\_\_\_\_

**Secondary Transition Date** \_\_\_\_\_ (MM/DD/YYYY) **Ages 16-21**

**To be completed only in Referral Tracking Module prior to placing in Special Ed Module**

Referral Date \_\_\_\_\_ (MM/DD/YYYY) Person/Agency Referring \_\_\_\_\_

Eligibility Det Date \_\_\_\_\_ (MM/DD/YYYY) Last Comp Eval Date \_\_\_\_\_ (MM/DD/YYYY)

Annual Review Date \_\_\_\_\_ (MM/DD/YYYY) **Temporary Student ( Y or N )**

(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)

**Miscellaneous Information Screen**

**SPED Placement Date** \_\_\_\_\_ (MM/DD/YYYY)

**Educational Placement** \_\_\_\_\_ **Resident LEA** \_\_\_\_\_ **Primary Disability** \_\_\_\_\_

Name of Provider \_\_\_\_\_ Provider LEA \_\_\_\_\_ Speech ( Y or N ) \_\_\_\_\_

Date Speech Entered \_\_\_\_\_ (MM/DD/YYYY) Date Speech Terminated \_\_\_\_\_ (MM/DD/YYYY)

**Ed. Placement Last Year** \_\_\_\_\_ Time Served Unit \_\_\_\_\_ Time Served Amount \_\_\_\_\_ Extended School Year ( Y or N )  
(PD= Periods Per Day/MW= Minutes Per Week/PW= Periods Per Week)

**Lead Teacher SSN** \_\_\_\_\_ **Charter School ( Y or N )** \_\_\_\_\_ Early Childhood Program ( Y or N ) \_\_\_\_\_

**School Choice ( Y or N )** \_\_\_\_\_ **School Choice Improvement ( Y or N )** \_\_\_\_\_ **School Choice LEA** \_\_\_\_\_

SPED Teacher Code \_\_\_\_\_ SPED Teacher Name \_\_\_\_\_

Therapist (Speech/Other) Code \_\_\_\_\_ Therapist Name \_\_\_\_\_

(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)

(Educational Placement Codes: **DB**= Day School-Public; **DI**= Day School-Private; **HH**= Hospital/Homebound; **RB**= Residential-Public; **RI**= Residential-Private; **CF**= Correctional Facility; **RR**= Resource Room (40% to 79% in Regular Classroom); **SC**= Self-Contained (40% or less in Regular Classroom); **RG**= Regular Classroom (80% or more in Regular Classroom); **PP**= Parentally Placed in Private School)

**Entry/Withdrawal Screen**

School Year (4 digit) \_\_\_\_\_

Entry Date \_\_\_\_\_ (MMDDYYYY)    Withdrawal Date \_\_\_\_\_ (MMDDYYYY)    Exit Status \_\_\_\_\_

(Exit Status Codes: **DI** = Deceased; **DO** = Dropped Out; **GC** = Graduated with Certificate; **GD** = Graduated with Regular Diploma; **MA** = Reached Maximum Age; **MK** = Moved, Known Continuing; **RC** = Returned to Regular Class; **PP** = Parentally Placed in Private School)

**Educational Needs Screen**

Educational Needs: \_\_\_\_\_

(Educational Needs Codes: **10** = Self-Help skills; **15** = Reading; **20** = Communication Skills; **21** = Speech/Language; **25** = Reasoning; **30** = Computation Skills; **35** = Other Academic Skills; **40** = Perceptual Motor Coordination; **45** = Health & Hygiene; **50** = Self Concept; **55** = Community Adjustment; **60** = Written Expression; **65** = Social Adjustment)

**Related Services 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)

**Evaluation Screen**

Evaluation:

Evaluation Code \_\_\_\_\_ Date \_\_\_\_\_ (MMDDYYYY)    Evaluation Code \_\_\_\_\_ Date \_\_\_\_\_ (MMDDYYYY)

Evaluation Code \_\_\_\_\_ Date \_\_\_\_\_ (MMDDYYYY)    Evaluation Code \_\_\_\_\_ Date \_\_\_\_\_ (MMDDYYYY)

Evaluation Code \_\_\_\_\_ Date \_\_\_\_\_ (MMDDYYYY)    Evaluation Code \_\_\_\_\_ Date \_\_\_\_\_ (MMDDYYYY)

(Evaluation Code: **AB** = Adaptive Behavior; **AU** = Audiological; **CL** = Classroom Based Assesment; **CO** = Classroom Observation; **CS** = Comm Ability Spch/Lan; **CU** = Curriculum Based Assesment; **DM** = Devlp/Medel History; **IA** = Individual Achievement; **II** = Indiv. Intelligence/Cognition; **MD** = Fine/Gross Motor Development; **OA** = Other Assesments; **OT** = Occupatinal Therapy; **PT** = Physical Therapy; **SE** = Social/Emotional; **VI** = Vocational Interest/Apptitude; **VS** = Visual Screening; **HS** = Hearing Screening; **PS** = Psych Evaluations)

**Anticipated Services Screen**

Code \_\_\_\_\_ Calendar Year (4 digit) \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Code \_\_\_\_\_ Calendar Year (4 digit) \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Code \_\_\_\_\_ Calendar Year (4 digit) \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Code \_\_\_\_\_ Calendar Year (4 digit) \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

(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)    School Age APSCN Data Form 07/10