

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.

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: _____
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) Ethinc 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** = Occupational 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)