



**SPECIAL EDUCATION**

---

**SPECIAL EDUCATION**  
**School Year 2011/12**

---

**DDS MySped Application**

**SPECIAL EDUCATION**  
Training Guide

Revision: August, 2011

## Table of Contents

<b>DDS Student Application</b>	
Key Concepts and Understanding.....	3
Access to DDS Program.....	4
Adding a Student.....	4
Referral Tracking.....	5
Early Childhood Enrollment.....	8
Early Childhood Outcomes.....	10
Early Childhood Exit.....	11
How to Save and Exit .....	11
Search for a Student.....	12
How to Save, Update, and Delete a Student.....	12
Export to Excel.....	13
Logout - DDS Program.....	15
<b>Early Childhood (3 – 5yr) Data Dictionary.....</b>	<b>16</b>
<b>DDS Employee Program Application.....</b>	<b>25</b>
Login.....	25
Add an Employee.....	26
Update an Employee.....	26
Delete an Employee.....	27
Sort Function.....	27
Export to Excel.....	27
Sort and Review Fields.....	28
Logout Employee Program.....	29
<b>DDS Employee/Program Data Dictionary.....</b>	<b>30</b>

## Key Concepts and Understanding

### Student Application

1. All services for these students should be identified in their Individual Education Plan (IEP).
2. **ALL referrals to special education are to be entered.**
3. If you receive a referral for a former special education student; they are considered a new referral since the student is not currently receiving services. If you receive a referral for an additional evaluation of an existing special education student, do not enter them into referral tracking since they are not a new referral.
4. **Part C to Part B transition:** If a child is going from the 0-2yr program to the 3-5yr program, mark “yes” in C to B Transition field. Note that the EDD 3<sup>rd</sup> birthday field and Temporary 3<sup>rd</sup> bday IEP field is required in order to complete the referral. Eligibility determination should be completed prior to the child’s 3<sup>rd</sup> birth date.
5. **Part C and B concurrent:** When Part C receives a referral for Part C services and the child will turn three (3) in less than 90 days. This prompts Part C to make a referral to Part B and both programs are conducting evaluations to determine service eligibility. There are no concurrent referrals for transitions. If the referral to Part C is received fewer than 90 days before the 3<sup>rd</sup> birthday the child’s record is marked “Y” in referral tracking as having a concurrent referral with Part B. The Part C to B Transition field will be marked as “N.”
6. If you have a student referred and the decision is made not to evaluate, then you are required to enter the demographic information, the referral date, Special education placement field as “No”, referral complete as “Yes”, and referral reason complete as “not placed.”
7. A special education student who is transferring from another district (in state or out of state) is NOT a referral since they already have an IEP.
8. As long as Referral Complete is “No” you may make changes/update the student’s information.
9. Once you have entered Referral Complete as “Yes” and pressed Save and Exit, the record saves and you will not be able to update or make any changes on that student in the referral tracking section.
10. **EC Outcomes** cannot be pulled for Cycle 7 if the child has not exited from the Special Education Program. **Please exit all students who no longer need services, who are kindergarten eligible, or if child reached maximum age (6).** Use the end of the fiscal year (June 30) as the date of exit and the date exit assessments were completed even though you may be continuing services until August of that year. This is needed in order for federal reporting to capture the child in the correct fiscal year.
11. When exiting a student, also verify Referral Tracking is marked “yes” for complete. If the reason for exiting the student is because the child is kindergarten eligible or the child no longer needed services, exit assessments are also needed.

## Access to DDS/ MySpEd Database

### Student Application


1. Go to Arkansas Special Education web site: <http://arksped.k12.ar.us>
2. Click on MySpEd Resources near the flashing red arrow
3. Type in User ID (9\*\*\*) and Password and click on “Sign-In”
4. Click on [DDS Programs](#) near the flashing red arrow.

### Tips for Navigating the Application

- Use the Tab key or the mouse to navigate to the fields.
- Dates will automatically format to mm/dd/yyyy. Type only the numbers.
- To edit a student’s record, click on small notebook icon to the left of the student’s name.
- Press “Save” to save all changes or additions. Look for message in red at top of screen (**Success! Data has been saved**) to verify data has been saved. If the data did not save, the message will state the related problem. Correct the data as indicated in the message and press “Save.”
- Press Exit to go back to list of students.

## Add a Student Record

Click on ‘Add a New Student’

SCREEN: **Student Demographics**  [Return to MySPED](#)  
[Change LEA](#)

LEA: 9999 ADE - Special Education Unit

MESSAGE:

**Search**

Student Status  Active  Inactive  Referrals (placement only)

Search by

Note: Last Name or First Name requires at least 3 characters.  
SSN requires 9 digit numbers with no dashes.

**Export to Excel:**

[Add New Student...](#)

		Last Name	First Name	Middle Name	SSN	Birth Date	Gender	Race
		Only	Demographics	B.	222222222	08/12/2006	F	H
		Student	Enrolled	A.	333333333	03/12/2005	M	H
		Student	Enrolled	B.	444444444	12/16/2005	M	P
		Test2	Test	TEst1	12345678	07/06/2005	F	B
		stats	add referral	Then eroll	123456788	10/12/2005	F	B
		Smith	Joe	J	055555555	01/01/2005	F	N

When adding a student record, all of the student demographic information must be answered in order for the student information to be added in the database. A red asterisk indicates a required entry.

## 1. Student Demographics

SCREEN: Student Demographics [Return](#)

LEA: 9999 ADE - Special Education Unit

MESSAGE:

SSN  \*

First Name  \*

Middle Name

Last Name  \*

DOB  \*(mm/dd/yyyy)

Gender -- Select -- \*

Race  Hispanic/Latino  American Indian/Alaskan Native  Asian  
 Black  Native Hawaiian/Pacific Islander  White \*

Grade Pre-School

ELL -- Select -- \*

Resident Lea  \*

Transfer -- Select -- \*

**SSN:** Enter the student’s Social Security Number.

**First Name:** Student’s First Name

**Middle Name:** Student’s Middle Name or Initial

**Last Name:** Student’s Last Name

**DOB:** Student’s date of birth. (mm/dd/yyyy)

**Gender:** Select Female or Male

**Race:** Select all races that apply by clicking in each box. A check mark will appear for each box that applies. (For definition of each race classification go to DDS Data Dictionary, pg. 17-18)

**Grade:** Preschool

**ELL (English Language Learner):** Select “Yes” if English is either not the student’s first language or not the language spoken at home. Otherwise select “NO.”

**Resident LEA:** The LEA Number of the district that the student currently resides.

**Transfer:** This field indicates if a student transferred from another EC program with an existing IEP. Select “Yes” or “No.”

## 2. Referral Tracking

**Note:** Please refer to Referral Tracking Data Dictionary for definitions on reporting fields.

Referral Tracking	Early Childhood Enrollment	Early Childhood Outcomes	Early Childhood Exit	Early Childhood Review
<b>Referral Tracking:</b>				
PartC to PartB Transition	-- Select --			
Part C & B Concurrent	-- Select --			
Referral Date	<input type="text"/> *(mm/dd/yyyy)			
Parent Consent to Evaluate Date	<input type="text"/> (mm/dd/yyyy)			
Evaluation Date	<input type="text"/> (mm/dd/yyyy)			
Evaluation Reason (if exceeds 60 day timeline)	-- Select --			
Evaluation Other Reason	<input type="text"/>			
Eligibility Determination Date (EDD)	<input type="text"/> (mm/dd/yyyy)			
EDD Reason exceeds 30 days from Eval date	-- Select --			
EDD Other Reason	<input type="text"/>			
EDD Reason (if exceeds 3rd birthday)	-- Select --			
EDD 3rd birthday Other Reason	<input type="text"/>			
Temporary IEP(3rd Birthday)	-- Select --			
Special Education Placement	-- Select --  *			
Parent Consent to Place in Special Education Date	<input type="text"/> (mm/dd/yyyy)			
Referral Process Complete	-- Select --  *			
Completion Reason	-- Select --			
Completion Other Reason	<input type="text"/>			

**Part C to B Transition:** Click “Yes” or “No” if the student transitioned from a Federal Early Intervention 0-2 year Part C program to the special education early childhood 3-5 year program.

**Part C & B Concurrent:** Click ‘Yes’ or ‘No’ if Part C receives a new referral for Part C services and the child will turn three (3) in less than 90 days. This prompts Part C to make a referral to Part B and both programs are conducting evaluations to determine service eligibility.

**Referral Date:** The date the original referral for Part B services (3-5 yr old) for the student was received. The referral date is the same day as the transition conference when the referral form is signed.

**Parent Consent to Evaluate Date:** Enter the date the parents consented to having their child evaluated for Part B Services (3-5 yr old program).

**Evaluation Date:** Enter the date the evaluation was completed or the date of the last evaluation report.

*Parent consent to evaluate date must be entered and occur before the evaluation date. The timeline between the parent consent date and the evaluation completion date should not exceed 60 days.*

**Evaluation Reason (if exceeded 60 day timeline):** If the evaluation was completed beyond 60 *calendar* days from the time the parent gave consent, click on the drop down arrow and select the reason why. Evaluation date must be entered in order to enter an evaluation reason for exceeding the 60-day timeline.

- Additional testing determined by IEP team (includes evaluators)
- Evaluations not completed in accordance with timelines
- Family cancelled evaluations date(s) requiring it to be rescheduled
- Family moved making the child unavailable
- Failed hearing/vision screening (i.e. waiting for glasses)
- Child or family illness/death delayed evaluations
- Parent withdrew consent
- Transferred from another program during the due process
- Other

**Evaluation Other Reason:** If “Other” was selected, enter a clear explanation as to why the timeline was not met.

**Eligibility Determination Date (EDD):** Enter the date eligibility was determined (mm/dd/yyyy). *A date of evaluation must be entered and occur before the EDD. The timeline between the evaluation date and the eligibility determination date should not exceed 30 calendar days.*

**EDD Reason (if exceeds 30 day timeline):** If eligibility was determined beyond 30 *calendar* days from the time the date of the evaluation, click on the drop down arrow and select reason why.

- Evaluations not completed in accordance with timelines due to IEP Team (includes evaluators)
- Family cancelled evaluations date(s) requiring it to be rescheduled
- Family moved making the child unavailable
- Child or family illness/death delayed evaluations
- Parent withdrew consent to test/place
- Transferred from another program during the due process
- Other

**EDD Other Reason:** If “Other” was selected, enter a clear explanation as to why the timeline was not met.

**EDD 3<sup>rd</sup> Birthday Reason:** If the eligibility determination date exceeds the 3<sup>rd</sup> birthday (on or before the third birthday), click on the drop down arrow and select reason why. **If Part C to B transition is marked “Yes” and the EDD exceeds 3<sup>rd</sup> birthday, you must enter a reason why.**

- Evaluations not completed in accordance with timelines due to IEP Team (includes evaluators)
- Child or family illness/death delayed evaluations
- “Part “C failed to refer child for transition within timelines
- Family moved making the child unavailable
- Family cancelled evaluations date(s) requiring it to be rescheduled
- Parent refused initial consent to test/place
- Transferred from another program during the due process
- Other

**EDD 3<sup>rd</sup> Birthday Other Reason:** If “Other” was selected, enter a clear explanation as to why the timeline was not met.

**Temporary IEP (3<sup>rd</sup> birthday):** Select ‘Yes’ or ‘No’. The temporary IEP is linked specifically to the Part C to B 3-year-old transition child. When a child is a Part C (early intervention 0-3) participant, 90 *calendar* days prior to turning three, Part C is required to make a referral to Part B (3-5 early childhood special education programs) for eligibility determination. Federal law requires Part B to have an IEP in place for the child's 3rd birth date, so services can begin at age 3 with no interruptions.

The State allows a district to develop a temporary IEP for the provision of services while the due process for eligibility is being completed, where the program has deemed the service needs are immediate. However, the temporary IEP cannot be used to delay due process eligibility decisions and must not exceed 60 *calendar* days.

If the eligibility determination is not finalized by the 3rd birth date, the Temporary IEP field notifies the State that a child was being served on the 3rd birth date, with no interruptions of services, even though the determination is not finalized.

**Special Education Placement:** Select “Yes” or “No” as to whether the child is being placed into special education.

**Parent Consent to Place in Special Education Date:** Date the parents consented to place their child into special education (mm/dd/yyyy).

**Referral Process Complete:** Select “Yes” or “No” as to whether referral process is complete at the time of entering the information.

**Completion Reason:** Click drop down arrow and select an explanation as to the reason referral is complete.

- Child died
- Family moved making the child unavailable
- Not Eligible for Special Education
- IEP team determined no testing required, only referral conference held
- Parent refused services
- Placed into Special Education
- Transferred from another program during the due process
- Other

**Completion Other Reason:** If “Other” is selected, enter a clear explanation as to why referral is complete.

### 3. Early Childhood Enrollment

Referral Tracking	Early Childhood Enrollment	Early Childhood Outcomes	Early Childhood Exit	Early Childhood Review
<b>Early Childhood Enrollment:</b>				
Entry Date	<input type="text"/> *(mm/dd/yyyy)			
Primary Disability	-- Select --			
Education Environment	-- Select --			
Program Type	-- Select --			
Temporary Student	-- Select --			
<p><b>Note:</b> If Entry Date is modified; Then Early Childhood Exit information data will automatically be cleared. So please click Save button before Enter &amp; Save Early Childhood Exit information.</p>				

**Entry Date:** The date the student enters the Special Education program (mm/dd/yyyy).

**Note:** *If the entry date is changed, then the Exit status and the exit date in the Early Childhood Exit tab will be automatically cleared.*

**Primary Disability:** Click on the drop down arrow and select the appropriate disability. (For definition of each disability go to DDS Data Dictionary, pg. 18)

- Autism
- Deaf-Blindness
- Hearing Impairments
- Multiple Disabilities
- Orthopedic Impairments
- Other Health Impairments
- Preschool Disabled-NonCategorical
- Speech/Language Impairments
- Traumatic Brain Injury
- Visual Impairment

**Note:** *An entry date is required prior to entering a primary disability.*

**Education Environment:** Click on the drop down arrow and select the location and amount of time a student receives services with their non-disabled peers. (For definition of each education environment classification go to DDS Data Dictionary, pg. 20)

- Greater than 10 hours with majority of special education services in EC program
- Greater than 10 hours with majority of special education services in other location
- Less than 10 hours with majority of services in EC
- Less than 10 hours with majority of services in other location
- Early Childhood Special Education Setting
- Separate School
- Residential Facility
- Home
- Itinerant Service Outside the Home

**Program Type:** Click on the drop down arrow and select the type of program providing services to the student.

- ABC
- Even Start
- Head Start
- HIPPY
- Licensed Family Day Care Home
- Licensed Preschool
- Other

**Note:** *Most DDS Centers will be 'Other'*

**Temporary Student:** Select “Yes” or “No” if the student is being temporarily placed in the Special Education Program.

## 4. Early Childhood Outcomes

Referral Tracking	Early Childhood Enrollment	Early Childhood Outcomes	Early Childhood Exit	Early Childhood Review
<b>Early Childhood Outcomes:</b>				
Assessment Entry Date	<input type="text" value="08/26/2006"/>	(mm/dd/yyyy)		
Entry Social Emotional Functional Score	<input type="text" value="2"/>	(1-7)		
Entry Knowledge/Skils Functional Score	<input type="text" value="2"/>	(1-7)		
Entry Self Help Functional Score	<input type="text" value="2"/>	(1-7)		
Assessment Exit Date	<input type="text" value="05/02/2007"/>	(mm/dd/yyyy)		
Exit Social Emotional Functional Score	<input type="text" value="5"/>	(1-7)		
Exit Knowledge/Skills Functional Score	<input type="text" value="5"/>	(1-7)		
Exit Slef Help Functional Score	<input type="text" value="5"/>	(1-7)		
Social Emotional Improvement	<input type="text" value="Yes"/>			
Knowledge/Skills Improvement	<input type="text" value="Yes"/>			
Self Help Improvement	<input type="text" value="Yes"/>			

**Assessment Entry Date:** Enter the date the entry functional assessment scores were determined (mm/dd/yyyy).

**Entry Social Emotional Functional Score:** Enter the functional level based on the Early Childhood Outcomes Center’s 7-point scale determined by group consensus within 30 days of entry. *A score cannot be saved without the Assessment entry date.*

**Entry Knowledge/Skills Functional Score:** Enter the functional level based on the Early Childhood Outcomes Center’s 7-point scale determined by group consensus within 30 days of entry. *A score cannot be saved without the Assessment entry date.*

**Entry Self Help Functional Score:** Enter the functional level based on the Early Childhood Outcomes Center’s 7-point scale determined by group consensus within 30 days of entry. *A score cannot be saved without the Assessment entry date.*

**Assessment Exit Date:** Date in which the exit functional assessment scores were determined. If the child is exiting the program because they are *Kindergarten Eligible or No longer need services*, enter the exit date on or before June 30 even though the child may still be receiving services thru August of the same year.

**Exit Social Emotional Functional Score:** Enter the functional level based on the Early Childhood Outcomes Center’s 7-point scale determined by group consensus. *A score cannot be saved without the Assessment exit date.*

**Exit Knowledge/Skills Functional Score:** Enter the functional level based on the Early Childhood Outcomes Centers 7-point scale determined by group consensus. *A score cannot be saved without the Assessment exit date.*

**Exit Self Help Functional Score:** Enter the functional level based on the Early Childhood Outcomes Center’s 7-point scale determined by group consensus. *A score cannot be saved without the Assessment exit date.*

**Social Emotional Improvement:** Select “Yes” or “No” to indicate if the student’s functional level has improved from entry to exit. *This may include improvement in personal gains even when the functional scores remained the same.*

**Knowledge/Skills Improvement:** Select “Yes” or “No” to indicate if the student’s functional level has improved from entry to exit. *This may include improvement in personal gains even when the functional scores remained the same.*

**Self Help Improvement:** Select “Yes” or “No” to indicate if the student’s functional level has improved from entry to exit. *This may include improvement in personal gains even when the functional scores remained the same.*

## 5. Early Childhood Exit

Referral Tracking	Early Childhood Enrollment	Early Childhood Outcomes	Early Childhood Exit	Early Childhood Review
<b>Early Childhood Exit:</b>				
Exit Date	<input type="text"/>	(mm/dd/yyyy)		
Exit Status	-- Select -- <span style="float:right">▼</span>			
Kindergarten Transition Status	-- Select -- <span style="float:right">▼</span>			
Kindergarten Conference Date	<input type="text"/>	(mm/dd/yyyy)		
Conference LEA	-- Select -- <span style="float:right">▼</span>			

**Exit Date:** Date the student exited from the Special Education Program. **Note: Even though the child may still be receiving services thru August of the same year, enter the exit date June 30 for all children who are exiting the program because they are Kindergarten Eligible, No longer need services, or Reached maximum age (6 years)**

**Exit Status:** Select the appropriate reason the child exited from the program.

- Kindergarten Eligible
- Moved Known to be Continuing with EC Special Education Services
- No Longer Requires Services
- Not Placed
- Parent Refuses Services
- Deceased
- Unknown Status
- Reached Maximum Age (6)

**Kindergarten Transition Status:** Select the appropriate response.

- Kindergarten Waiver
- Transitioned to KG with SpEd Re-evaluation Required
- Transitioned with No Service to Kindergarten

**Kindergarten Conference Date:** Date Kindergarten transition meeting was held.

**Conference LEA:** Enter the LEA district number with whom (the particular school district) the early childhood program held the kindergarten conference. The drop-down includes all districts by alphabetical order.

- 6. Save:** To successfully save entries in the database, click on the SAVE button at the bottom of the screen and look for the message in red at that top of the screen. If the data was saved, the message should read as such. If the data was not saved, the message will give you an indication as to why. Particular information is required in order to save the data.
- 7. Exit:** Click on the Exit box at the bottom of the screen to return to the current list of all special education students in your district database. To return to the home page of MySpEd Resources, click on the message (Return to MySpEd) at the right-hand, top-corner of the screen next to the flashing red arrow. If exiting out, remember to SAVE desired changes first.

## Search for a Student

1. Go to the Student Application through MySpEd and click on DDS Programs

**Note:** All options to sort are subject to data entry changes made in the individual student screens.

- a. **Search on Active Students:** This option will list all students who are currently enrolled and not exited from the Special Education 3-5 year program. Students with only demographics entered that are marked as transfers will also be listed.
- b. **Search on Inactive Students:** This option will list all students who have been exited from the Special Education 3-5 year program.
- c. **Search on Referrals:** This option will list all students referred into the Special Education 3-5 year program during the fiscal year - whether they were placed into Special Ed or not. Students with only demographics entered that are marked 'No' as Transfers will also be listed.

SCREEN: **Student Demographics** [Return to MySPED](#)  
[Change LEA](#)

LEA: 9999 ADE - Special Education Unit

MESSAGE:

**Search**

Student Status  Active  Inactive  Referrals (placement only)

Search by -- All --

Note: Last Name or First Name requires at least 3 characters.  
SSN requires 9 digit numbers with no dashes.

**Export to Excel:**

[Add New Student...](#)

	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>SSN</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Race</u>
	Only	Demographics	B.	222222222	12/12/2005	F	H
	Student	Enrolled	A.	333333333	03/12/2005	M	H

2. Choose the drop down menu as shown above. Sort student by any option indicated.
3. Type in desired name or SSN
4. Press 'Search' button in lower left hand corner.

### Sort functions

The list of students may be sorted according to the headings indicated in blue. Click on the desired field and students will sort accordingly by last name, first name, middle name, or SSN.

### Update a Student

1. Click on the small notebook to the left of the student’s name to access the in detailed information
2. Make any necessary changes in the fields
3. Click Save and Exit to return to list of Students.

### Delete a Student

Click the red X to the left of the name of the student you wish to delete.

### Export to Excel

This function provides an updated list of students *based on the data entry changes made for each individual student.*

- **Export to Excel (Referral Students - placed and not placed):** This option lists all students and all the fields for those who have been referred to Special Education for the fiscal year. Students with only demographics entered that are marked ‘No’ as Transfers will also be listed.
- **Export to Excel (Active Students):** This option lists all students and all the fields for those who have been enrolled and not withdrawn from the program. Students with only demographics entered that are marked as transfers will also be listed.
- **Export to Excel (Dec 1 Students):** This option lists all students and all the fields for those who have entered the program on or before December 1 of the fiscal year and who have not withdrawn from the program before December 1 of the fiscal year. This should represent all students being served on December 1 of the fiscal year.

SCREEN: **Student Demographics** [Return to MySPED](#)  
[Change LEA](#)

LEA: 9999 ADE - Special Education Unit

MESSAGE:

**Search**

Student Status  Active  Inactive  Referrals (placement only)

Search by -- All --

Note: Last Name or First Name requires at least 3 characters.  
SSN requires 9 digit numbers with no dashes.

**Export to Excel:**

[Add New Student..](#)

		Last Name	First Name	Middle Name	SSN	Birth Date	Gender	Race
	X	Only	Demographics	B.	222222222	12/12/2005	F	H
	X	Student	Enrolled	A.	333333333	03/12/2005	M	H

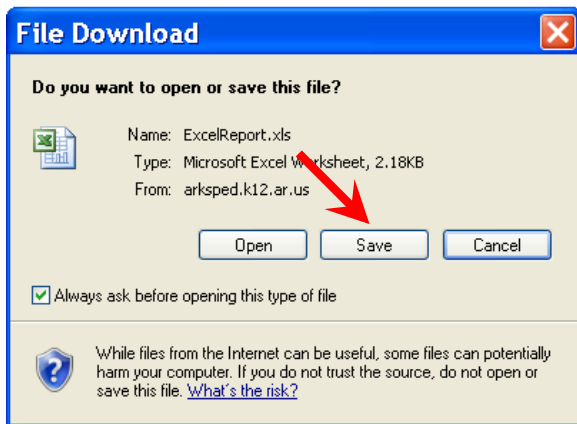
### Save, Sort, and Review in Export to Excel

It is highly recommended you save the excel sheet to your computer as a backup for December 1 Child Count.

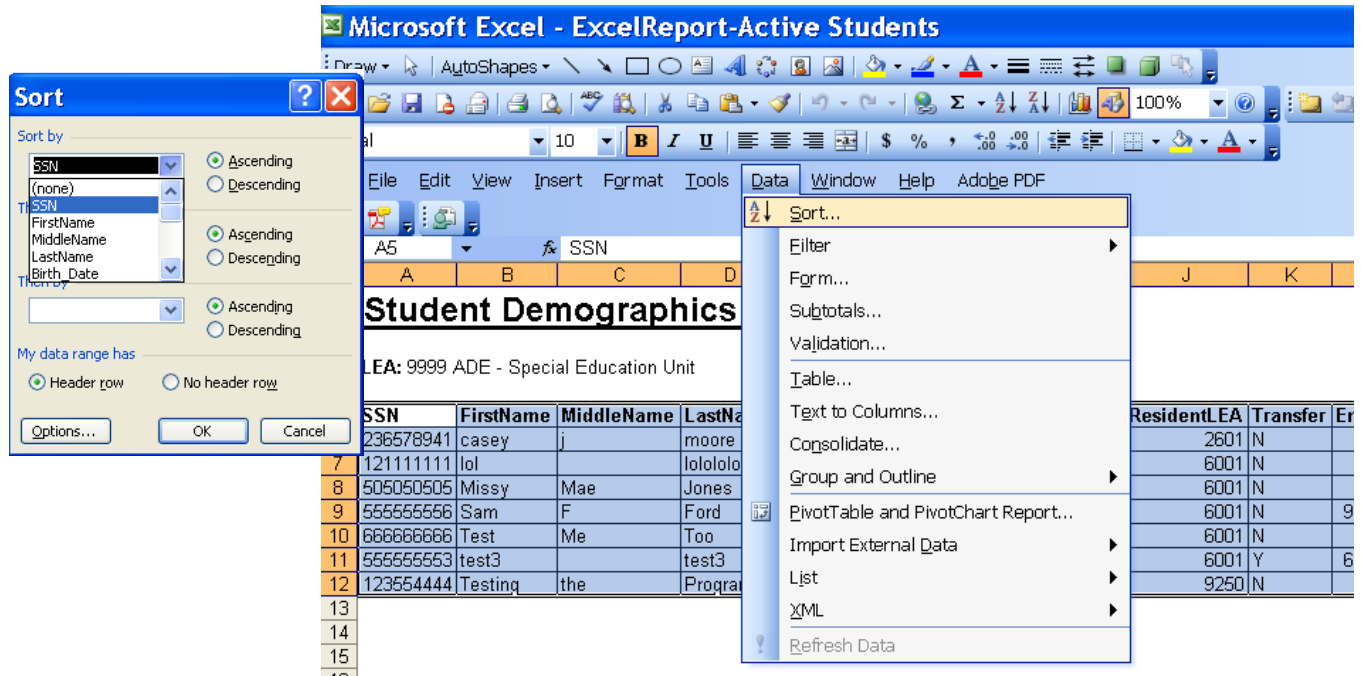
Once you have saved the Excel file to your computer, open the file. Refer to pictures on following page for further assistance.

Note: You may want to rename the file to distinguish active students from December 1 students.

1. Left click mouse button in the cell on Column A, Row 5 (A5). This should be the SSN header.
2. Press 'Ctrl A' on keyboard. This should hi-light all records.
3. Select 'Data' on the menu bar above your spreadsheet (refer to picture on following page).
4. Select first option of 'Sort' on the menu.
5. Select the appropriate heading for how you want it sorted in the 'Sort by' drop down menu. Make sure 'Header row' button is checked. Press OK.
6. Any changes that are identified need to be made in the individual student/employee data in MySpEd. Making corrections in the Excel worksheet will NOT make automatic changes to MySpEd.



First cell - (A5)  
'SSN' is selected. 'Ctrl A'  
Hi-lights area in order to sort



**Log off DDS Programs and MySped**

1. Click on “Return to MySped” from the Student Demographics screen
2. Click on Exit at the top of the screen from MySped screen
3. Select “Sign Out”

**Student Demographics screen**

Unit	SSN	Title/Service Prov Code	Grade Level
141414141	03		PS
456789123	20		PS
274652569	03		PS



# **SPECIAL EDUCATION EARLY CHILDHOOD DATA DICTIONARY School Year 2011\12**

The purpose of this handbook is to provide guidance to special education early childhood staff on the coding and entering of special education student data into APSCN. The special education early childhood data are collected through APSCN and are a component of the special education module. In the guide we attempt to be as inclusive as possible as it relates to Federal reporting requirements; however, not all situations will be covered here. If there are questions about how to code a student after consulting this data dictionary, please contact the Arkansas IDEA Data & Research Office at 501-683-7219.

**DATA FIELDS required for Federal reporting****General Information Page1** (with Federal reporting cycles)**FIELD: Social Security Number (4, 7)**

The nine-digit Social Security number of the student. If a student's SSN cannot be obtained, then use the ADE assigned number as required by Arkansas Code Ann. 6-18-208. This number should remain the same throughout the student's school career.

**FIELD: First Name (4, 7)**

The student's legal first name, as printed on the student's birth certificate, social security card, or other legally binding document.

**FIELD: Middle Name (4, 7)**

The student's legal middle name, as printed on the student's birth certificate, social security card, or other legally binding document.

**FIELD: Last Name (4, 7)**

The student's legal last name, as printed on the student's birth certificate, social security card, or other legally binding document.

**FIELD: Date of Birth (4, 7)**

The student's date of birth.

\* Please, make sure that the student's birth date is accurate. Some common errors include using the current year as the student's year of birth and entering years such as '2093' or '0993' instead of '1993.'

**FIELD: Age (4, 7)**

Derived from the student's date of birth as of December 1

**FIELD: Race (4, 7)****H Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**N American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**A Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**B Black or African American**

A person having origins in any of the black racial groups of Africa.

**W White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**P Native Hawaiian/Pacific Islander**

A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

**FIELD: Gender (4, 7)**

**M Male**

**F Female**

**FIELD: Resident District LEA (4, 7)**

The first four digits of the student’s resident district lea number. Add 3 zeros behind the district LEA number.

**FIELD: English Language Learner (4, 7)**

English is not the student’s first language or the language spoken at home. Select

**Y Yes**

**N No**

**FIELD: Primary Disability (4, 7)**

**AU Autism**

“ . . . a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (b)(4) of this section.” [taken from 34 Code of Federal Regulations §300.7(c)(1)(i)]

**DB Deaf-Blindness**

“ . . . concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.” [taken from 34 Code of Federal Regulations §300.7(c)(2)]

**HI Hearing Impairment**

*Deafness:* “ . . . a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child’s educational performance.” [34 Code of Federal Regulations §300.7(c)(3)]

*Hearing Impairment:* “ . . . an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section.” [taken from 34 Code of Federal Regulations §300.7(c)(5)]

**MD Multiple Disabilities**

“ . . . concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.” [taken from 34 Code of Federal Regulations §300.7(c)(7)]

**OI Orthopedic Impairments**

“ . . . a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).”  
[taken from 34 Code of Federal Regulations §300.7(c)(8)]

**OHI Other Health Impairments**

“(9) Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that--  
(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and  
(ii) Adversely affects a child’s educational performance.”[taken from 34 Code of Federal Regulations §300.7(c)(9)]

**PS Preschool Disabled (Non-Categorical)**

The category includes a child “ . . . (1) who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and (2) who, by reason thereof, needs special education and related services.” [taken from 34 Code of Federal Regulations §300.7(b)(1)(2), 300.313(b)]

**SI Speech/Language Impairment**

“ . . . a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.” [taken from 34 Code of Federal Regulations §300.7(c)(11)]

**TBI Traumatic Brain Injury (TBI)**

“ . . . an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.” [34 Code of Federal Regulations §300.7(c)(12)]

**VI Visual Impairments**

“ . . . an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.” [34 Code of Federal Regulations §300.7(c)(13)]

**FIELD: Educational Environment (Cycles 4,7)**

The educational environment as proposed and defined under federal guidelines.  
(Child Count – December 1 – Early Childhood)

**Codes A1, A2, B1, and B2:** Regular Early Childhood Program is a program that includes a majority (at least 50 percent) of nondisabled children (i.e., children not on IEP’s). This category may include, but is not limited to: Head Start; kindergartens; preschool classes offered to an eligible pre-kindergarten population by the public school system’ private kindergartens or preschools/ and group child development center or child care.

- A1 Reg EC program 10+ hrs a week w/majority of sped services in EC program**  
The child is receiving the majority of hours of special education and related services in a Regular Early Childhood Program and the student is attending at least 10 hours per week.
- A2 Reg EC program 10+ hrs a week w/majority of sped services in other location**  
The child is receiving the majority of hours of special education and related services in some other location and the child attends a Regular Early Childhood Program at least 10 hours per week.
- B1 Reg EC program <10 hrs a week w/majority of sped services in EC program**  
The child is receiving the majority of hours of special education and related services in the Regular Early Childhood Program and the child attends a Regular Early Childhood Program less than 10 hours per week.
- B2 Reg EC program <10 hrs a week w/majority of sped services in other location**  
The child is receiving the majority of hours of special education and related services in some other location and the child attends a Regular Early Childhood Program less than 10 hours per week.

**Codes RS, SP, and SS:** Special Education Program includes less than 50 percent nondisabled children (i.e., children not on IEP’s).

**RS Residential**

Children attending a Special Education Program, not in any regular early childhood program, and who receive all of their special education and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.

**SP Separate Class**

Children attending a Special Education Program in a class with less than 50% nondisabled children, not in any regular early childhood program, and who receive all of their special education and related services in educational programs designed primarily for children with disabilities housed in regular school buildings or other community-based settings. This may include, but is not limited to: special education classrooms in regular school buildings; special education classrooms in child care facilities, hospital facilities, on an outpatient basis, or other community-based settings; and special education classrooms in trailers or portables outside regular school buildings.

**SS Separate School**

Children attending a Special Education Program, not in any regular early childhood program who receives all of their special education and related services in educational programs in public or private day schools specifically designed for children with disabilities.

**Codes HM and IO:** If the child attends neither a Regular Early Childhood Program nor a Special Education Program as defined below, the child is to be reported as HM or IO, dependent upon whether the child receives special education and related services at home or in the service provider location or some other location as described below.

**HM Home**

Preschoolers who receive all of their special education and related services in the principal residence of the child’s family or caregivers, and who attended neither a Regular Early Childhood Program nor a Special Education Program provided in a separate class, separate school, or residential facility. Include children who receive special education both at home and in a service provider location or some other location that is not in any other category listed below under Itinerant Service. The term caregiver includes babysitters.

**IO Itinerant Service Outside Home**

Preschoolers who receive all of their special education and related services at a school, hospital facility on an outpatient basis, or other location for a short period of time (i.e., no more than 3 hours per week). These services may be provided individually or to a small group of children. This may include, but is not limited to: speech instruction up to 3 hours per week in a school, hospital, or other community-based setting.

**General Information Page 2** (with Federal reporting cycles)

**EARLY CHILDHOOD OUTCOMES (Cycle 7)**

The functional level of the student for each outcome upon entry to special education and exit from special education.

**FIELD: Entry Assessment Date (Required Field)**

The date which the entry functional assessment scores were determined

**FIELD: Entry Social Emotional Functional Score (Required Field)**

The functional level determined by the IEP team within 30 days of entry based on the Early Childhood Outcome Centers 7-point scale.

**FIELD: Entry Knowledge/Skills Functional Score (Required Field)**

The functional level determined by the IEP team within 30 days of entry based on the Early Childhood Outcome Centers 7-point scale.

**FIELD: Entry Self Help Functional Score (Required Field)**

The functional level determined by the IEP team within 30 days of entry based on the Early Childhood Outcome Centers 7-point scale.

**FIELD: Assessment 1 Date (Optional Field)**

The date the assessment 1 functional assessment scores were determined (May be utilized when

assessment is done between the entry assessment and the exit assessment).

- FIELD: Assessment 1 Social Emotional Functional Score (Optional Field)**  
The functional level determined by the IEP team, at the time of assessment 1, based on the Early Childhood Centers 7-point scale. (May be utilized when assessment is done between the entry assessment and the exit assessment).
- FIELD: Assessment 1 Social Emotional Functional Improvement (Optional Field)**  
Indicate if the child’s functional level has improved from entry to assessment 1.
- FIELD: Assessment 1 Knowledge/Skills Functional Score (Optional Field)**  
The functional level determined by the IEP team, at the time of assessment 1, based on the Early Childhood Outcome Centers 7-point scale (May be utilized when assessment is done between the entry assessment and the exit assessment).
- FIELD: Assessment 1 Knowledge/Skills Functional Improvement (Optional Field)**  
Indicate if the child’s functional level has improved from entry to assessment 1.
- FIELD: Assessment 1 Self Help Functional Score (Optional Field)**  
The functional level determined by the IEP team, at the time of assessment 1, based on the Early Childhood Outcome Centers 7-point scale. (May be utilized when assessment is done between the entry assessment and the exit assessment).
- FIELD: Assessment 1 Self Help Functional Improvement (Optional Field)**  
Indicate if the child’s functional level has improved from entry to assessment 1.
- FIELD: Assessment 2 Date (Optional Field)**  
The date the assessment 2 functional assessment scores were determined (May be utilized when assessment is done between the entry assessment and the exit assessment).
- FIELD: Assessment 2 Social Emotional Functional Score (Optional Field)**  
The functional level determined by the IEP team, at the time of assessment 2, based on the Early Childhood Centers 7-point scale. (May be utilized when assessment is done between the entry assessment and the exit assessment).
- FIELD: Assessment 2 Social Emotional Functional Improvement (Optional Field)**  
Indicate if the child’s functional level has improved from entry to assessment 2.
- FIELD: Assessment 2 Knowledge/Skills Functional Score (Optional Field)**  
The functional level determined by the IEP team, at the time of assessment 2, based on the Early Childhood Outcome Centers 7-point scale (May be utilized when assessment is done between the entry assessment and the exit assessment).
- FIELD: Assessment 2 Knowledge/Skills Functional Improvement (Optional Field)**  
Indicate if the child’s functional level has improved from entry to assessment 2.
- FIELD: Assessment 2 Self Help Functional Score (Optional Field)**

The functional level determined by the IEP team, at the time of assessment 2, based on the Early Childhood Outcome Centers 7-point scale. (May be utilized when assessment is done between the entry assessment and the exit assessment)

**FIELD: Assessment 2 Self Help Functional Improvement (Optional Field)**

Indicate if the child’s functional level has improved from entry to assessment 2

**FIELD: Exit Assessment Date (Required Field when exiting program)**

The date which the exit functional assessment scores were determined

**FIELD: Exit Social Emotional Functional Score: (Required Field when exiting program)**

The functional level determined by the IEP team with in 30 days of entry based on the Early Childhood Outcome Centers 7-point scale.

**FIELD: Exit Knowledge/Skills Functional Score (Required Field when exiting program)**

The functional level determined by the IEP team with in 30 days of entry based on the Early Childhood Outcome Centers 7-point scale.

**FIELD: Exit Self Help Functional Score (Required Field when exiting program)**

The functional level determined by the IEP team with in 30 days of entry based on the Early Childhood Outcome Centers 7-point scale.

**FIELD: Social Emotional Improvement (Required Field when exiting program)**

Indicate if the child’s functional level has improved from entry to exit.

**FIELD: Knowledge/Skills Improvement (Required Field when exiting program)**

Indicate if the child’s functional level has improved from entry to exit.

**FIELD: Self Help Improvement (Required Field when exiting program)**

Indicate if the child’s functional level has improved from entry to exit.

**(OSEP Reporting Categories for Early Childhood Outcomes)**

- A. Child did not improve functioning
- B. Child improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.
- C. Child improved functioning to a level nearer to same-aged peers
- D. Child improved functioning to reach a level comparable to same-aged peers
- E. Child maintained functioning at a level comparable to same-aged peers

**General Information Page 3** (with Federal reporting cycles)

**FIELD: Temporary Student (Cycle 4)**

Enter Y if student has a temporary IEP in order to receive services while going through the evaluation process.

**FIELD: Program Type (Cycles 4, 7)**

- A** ABC
- E** Early Start
- H** Head Start
- HI** HIPPY
- P** Licensed Preschool
- DC** Licensed Family Day Care Home
- O** Other (Itinerant/Home/Clinic)

**FIELD: Transition Conference Date (Kindergarten) (Cycle 7)**

Enter the date that the last transition to kindergarten conference was held

**FIELD: Transition Code (Kindergarten) (Cycle 7)**

Enter the Transition Code that describes the outcome of the transition conference

- NS** Transitioned with no services to Kindergarten
- TK** Transitioned to Kindergarten with Special Education re-evaluation required
- KW** Kindergarten Waiver

**FIELD: Transition Conference LEA**

Enter the LEA district number with whom (the particular school district) the early childhood program held the kindergarten conference.

**Entry/Withdrawal Screen** (with Federal reporting cycles)

**FIELD: Entry Date (Cycles 4, 7)**

The date the student entered your program

**FIELD: Exit Date (Cycle 7)**

The date the student withdrew/exited your program

**FIELD: Exit Status (Cycle 7)**

Indicate why the student is no longer receiving special education early childhood services

- KE** Kindergarten Eligible
- NS** No Longer Requires Services
- PR** Parent Refused Services
- MA** Reached Maximum Age (6yrs)
- NP** Not Placed
- US** Unknown Status
- DI** Died
- MK** Moved known to be continuing with EC Special Ed Services

## DDS 3-5 yr Program Employee Program Approval MySpEd Application Procedures

### Login

#### Program Approval Application

5. Go to Arkansas Special Education web site: <http://arksped.k12.ar.us>
6. Click on MySpEd Resources near the flashing red arrow
7. Type in User ID (9\*\*\*) and Password and click on “Sign-In”
8. Click on Personnel and Program Approval in the drop down menu as indicated below.

FISCAL YEAR: 2006/07

Support	Finance	Personnel	Students	Exit	
SCREEN: Program Approval					
LEA: 9999 ADE - Special Education Unit					
MESSAGE:					
	<u>Last</u>	First	Middle	SSN	rel
	X Montenaro	Chris	M	456789123	20 PS
	X Montgomery	Karyn		274652569	03 PS
	X Smith	Jane	D		16 ALL
	<a href="#">Add Employee</a>				
Page 1					
<input type="button" value="Export to Excel"/>					

#### Tips for Navigating the application

- Use the Tab key or the mouse to navigate to the fields
- Press “Save” to save all changes or additions. Look for message in red at top of screen (**Success! Data has been saved**) to verify data has been saved. If the data did not save, the message will state the related problem. Correct the data as indicated in the message and press “Save.”
- Press Exit to go back to list of students.

## Add an Employee

1. Enter the required fields as indicated in the Special Education Employee and Program Approval section of this manual.
2. Click on Save to save data changes and Exit to return to list of Employees

## Update an Employee

4. Click on the small notebook to the left of the employee’s name to access their detailed information.
5. Make any necessary changes in the fields.
6. Click Save and Exit to return to list of Employees.

Support	Finance	Personnel	Students			
SCREEN: <b>Program Approval</b>				FISCA		
LEA: <b>9999 ADE - Special Education Unit</b>						
MESSAGE:						
	<a href="#">Last</a>	<a href="#">First</a>	<a href="#">Middle</a>	<a href="#">SSN</a>	<a href="#">Title/Service Prov Code</a>	<a href="#">Grade Level</a>
		Just	Learning	aboutthis	141414141	03 PS
		Montenaro	Chris	M	456789123	20 PS
		Montgomery	Karyn		274652569	03 PS
	<a href="#">Add Employee</a>					
Page 1						
<input type="button" value="Export to Excel"/>						

## Delete an Employee

Click the red X to the left of the name of the employee you wish to delete.

## Sort Functions

Two options are available for you to sort and review data for accuracy. Any corrections can be made for each employee by using the notebook icon that edits existing employee data.

1. **Headings:** Click on the blue headings in order to sort all employees by Last name or by Title/Service Provider Code. This will assist you in getting a quick visual of employees in order of their last name or Title Code.
2. Click on the **Export to Excel** button at the bottom of the screen. This lists **all data fields** for you to view. It is highly recommended you save the excel sheet to your computer as a backup of December 1 Child Count.

## Excel Report

To review all saved employee data, you may export it into an excel format by clicking on “Export to Excel”

1. Click on the ‘Export to Excel’ at the bottom of the screen. This **lists all the employees and all the fields**.
2. Choose the ‘Save’ option to create a working copy on your own computer.

Once you have saved the Excel file to your computer, open the file. Refer to pictures on following page for further assistance.

1. Left click mouse button in the cell on Column A, Row 5 (A5). This should be EmpID header.
2. Press ‘Ctrl A’ on keyboard. This should hi-light all records.
3. Select ‘Data’ on the menu bar above your spreadsheet.
4. Select first option of ‘Sort’ on the menu.
5. Select the appropriate heading for how you want it sorted in the ‘Sort by’ drop down menu. Make sure header row button is checked. Press OK.
6. Any changes that are identified need to be made in the individual employee data in MySpEd. Making corrections in the Excel worksheet will NOT make automatic changes to MySpEd.

File Download

Do you want to open or save this file?

Name: PA\_ProgramApproval.xls  
Type: Microsoft Excel Worksheet, 3.17KB  
From: arksped.k12.ar.gov

Open Save Cancel

Always ask before opening this type of file

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

Channel Excel sheet

File Edit View Insert Format Tools Data Window Help Adobe PDF

Sort...

- Filter
- Form...
- Subtotals...
- Validation...
- Table...
- Text to Columns...
- Consolidate...
- Group and Outline
- PivotTable and PivotChart Report...
- Import External Data
- List
- XML
- Refresh Data

First cell - (A5) 'EmpId' is selected. 'Ctrl A' Hi-lights area in order to sort

Sort

Sort by

EmpId

- Ascending
- Descending

First Name

- Ascending
- Descending

M Name

- Ascending
- Descending

SSN

- Ascending
- Descending

License#

- Ascending
- Descending

Svpr\_cd

- Ascending
- Descending

Cert Status

My data range has

Header row  No header row

Options... OK Cancel

EmpId	Last Name	First Name	M	N	Teacher Id	Grade Level	SPE	air
86022	Smith	Jane				E	NA	
86023	Smith	Jane				ALL	NA	
	Jane	Jane				SH	NA	
	Jane	Jane				SH	NA	
	Jane	Jane				MS	NA	
	Jane	Jane				SH	NA	
	Jane	Jane				E	NA	
	Jane	Jane				E	F	
	Jane	Jane			111111111	13	E	NA
	Jane	Jane			111111111	230.231	53	D
	Jane	Jane			111111111	230.231	58	D
	Jane	Jane			111111111	13	E	SH
	Jane	Jane			111111111	AR#847	20	F
	Jane	Jane			111111111	OTR939	4	F
								ALL

**Sort and Review Fields in Excel** (See Employee Data Dictionary for code clarification)

While it is important you review all data fields, specific areas are hi-lighted below to assist in program approval and in federal reporting. Please pay particular attention to the following.

**1. Sort by Heading ‘Svprcd’ (service/title code) to Review:**

**Paraprofessionals (Title code 13)**

- a. Service/Title Code should be 13 only
- b. Certification Status should be coded as E, F, G, or H
- c. Licensure Endorsement Code (License #) reported if Cert. Status is E or F
- d. SpEd Aide should be N/A
- e. Folder Count by Race and Gender should be 0’s (i.e. WM, BF, etc.)
- f. Period range should be blank or 0:0
- g. FTE reflects proportion of time employed in your district – cannot be greater than 1.0.

**Teachers (Title codes 03, 20, 50 – 58)**

- a. Service/Title Codes for teachers should only be 3, 20, and possibly 56.
- b. Certification Status should be coded as A, B, C, D and sometimes F. They should never be coded as E, G, or H.
- c. Licensure Endorsement code (License #) reported for each teacher?
- d. SpEd Aide should be P, F, or N/A (not applicable OR No – the teacher does not have an aide).
- e. For title codes 3, and 50 – 58 - the teacher caseload count should be given
- f. Period range (Per Range) complete for each teacher?
- g. FTE reflects proportion of time employed in your district and is less than or equal to 1.0.

**Speech Pathologists (Title code 20)**

Folder count is the Speech Pathologist’s *caseload* (number of children seen)

**Occupational and Physical Therapists (Title codes 4 and 5)**

- a. FTE reflects the proportion of time employed in your district and is less than or equal to 1.0.

**2. Sort by Heading ‘Last Name’**

**Duplicate Employees**

- a. If employees are listed more than once, verify they have a different Service/Title code and/or they are providing different services in a different grade level for each individual listing (i.e. Professional services the Elementary and district’s 3-5yr Early Childhood program).
- b. Verify the total FTE is proportioned out among services and is equal to 1.0 or less when added together.

**3. Sort by Heading ‘SSN’**

**Social Security Numbers**

- a. Visually verify accuracy
- b. Are there 7 digits?
- c. Is the pseudo SSN for contract employees consistent with what you have used in the past? (Keep the same pseudo number in your records).

## Log Out of Program Approval

1. From the Program Approval screen, click on Exit at the top of the screen.
2. Click on the drop-down menu, Sign Out.

SPECIAL EDUCATION

---

ce	Personnel	Students	Exit
----	-----------	----------	------

**Unit**

	SSN	<a href="#">Title/Service Prov Code</a>	Grade Level
s	141414141	03	PS
	456789123	20	PS
	274652569	03	PS

Home

Sign Out

Sign In

Change LEA



# **SPECIAL EDUCATION EMPLOYEE & PROGRAM APPROVAL DATA DICTIONARY School Year 2011\12**

The purpose of this handbook is to provide guidance to school district special education staff on coding and entering special education employee data into APSCN for the purpose of Federal reporting and program approval. The special education employee data are collected through APSCN and are a component of the special education module. In the guide, an attempt is made to be as inclusive as possible as it relates to Federal reporting requirements and program approval; however, not all situations will be covered here. If there are questions about how to code an employee after consulting this data dictionary, please contact your State Special Education Area Supervisor at 501-682-4225 or the Arkansas IDEA Data & Research Office at 501-683-7219.

**KEY CONCEPTS**

1. **Special education employee data are collected twice a year, Cycle 2 (October 1) and Cycle 4 (December 1).** The employees listed must reflect who was employed on October 1 and December 1, respectively.
2. **Include only personnel employed to work specifically with students with disabilities.** DO NOT include personnel employed to work with all students with and without disabilities.
3. The Special Education Employee screen is available at all times. Please be sure to keep it updated as personnel changes occur.
4. Each personnel must be assigned to a building. This is the primary building of his/her job assignment. If his/her work duties are district wide then the district building code of “000” must be used. Early childhood programs are to use “000” as the building code.
5. **No personnel can be entered more than twice for a given program.** An exception may be granted based on the circumstances, such as personnel are providing hospital/homebound services before or after the regular school day. Please review Section 17.00 and Section 30.00 of the Special Education Program Standards. **Exceptions must be granted by the ADE Special Education Unit prior to submission of the data.**
6. Early childhood and school age personnel must be split accordingly. The grade level will distinguish the programs and **FTE must be adjusted not to exceed 1.00.**
7. The **Title Code** for Behavior Specialists that are used to conduct testing for eligibility or to meet requirements in accordance with a student’s IEP should be reported under the license held (i.e. psychologist, social worker, etc.). If the behavior specialist in question is a teacher who holds only a special education teaching license, then the teacher is reported with a **Title Code** of 25 (other) and indicated as a “non teacher certified” (status E) under the certification status.
8. Clerks of any type are **NOT** to be reported.
9. Teachers who are **NOT** providing instruction but are providing evaluation services should be reported under Title Code 25 (other) and indicated as a “non teacher certified,” (status E) under the certification status.
10. **REMEMBER:** There are four key fields - SSN, Grade, Title Code, and Building Code. Warning: In order to change information in key fields you have to query and delete employee records and add them back in the employee module. You cannot update information in the four key fields.

**DATA FIELDS REQUIRED FOR FEDERAL REPORTING  
AND PROGRAM APPROVAL**

**Cycle 2 and Cycle 4**

**FIELD: Special Education Employee Name**  
**First Name, Middle Name, Last Name**

**FIELD: Teacher Licensure ID-** The Unique identification number assigned by ADE teacher licensure (10-digit number)

**FIELD: SSN –** The nine-digit Social Security Number of the staff member being identified. **DO NOT** enter license/certification information here. The SSN is required to verify licensure and/or certification.

**FIELD: Title Code of Service Provider –** The qualifying job description/licensure of the special education provider (including teachers).

<b>Teachers: The selection is to be based on teacher assignment as well as Section 17.00 and Section 30.00 of the Special Education Program Standards.</b>	<b>Related Service Providers</b>
03 – Early Childhood Teacher (Early Childhood only)	04 – Occupational Therapist
50 – Self-Contained 1:6 Teacher (School Age only)	05 – Physical Therapist
51 – Self-Contained 1:10 Teacher (School Age only)	06 – PE Adaptive Teacher
52 – Self-Contained 1:15 Teacher (School Age only)	07 – Recreational Therapist
53 – Resource Room Teacher (School Age only)	08 – Psychological Examiner
54 – Itinerant Instructor (school age and/or early childhood)	09 – Educational Examiner
55 – Consulting Teacher (School Age only)	10 – Psychologist
56 – Hospital/Homebound (School Age only)	11 – Medical/Nursing Staff
57 – Co-Teaching Teacher (School Age only)	12 – Audiologist
58 – Indirect Teacher (School Age only)	14 – School Social Worker
59 – Integrated Classroom Model Teacher (School Age only)	17 – Counselor
20 – Speech Therapist (school age and/or early childhood)	18 –Orientation and Mobility Service
<b>Paraprofessional</b>	19 – Educational Interpreter (Deaf)
13 – Classroom Instructional Aide/Paraprofessional	24 – School Psychology Specialist
<b>Other Providers</b>	
01 – Special Education Supervisor (LEA Supervisor/ EC Coordinator <b>ONLY</b> )	21 – Speech Language Assistant/Aide
02 – Other Special Education Administrators (non-clerical)	22 – Occupational Therapy Assistant/Aide
15 – Voc. Ed. Teacher – Job Coach	23 – Physical Therapy Assistant/Aide
16 - Work Study Coordinator/CCE /Secondary Transition	25 – Other : See below

**Notes for Title Code of Service Provider**

1. Enter Title code based on job assignment. All providers may be entered up to twice for a given program. No provider can have more than two title codes.
  - An exception may be granted if personnel are providing hospital/homebound services before or after the regular school day.
  - Other exceptions may be granted based on the situation.
  - Any request for an exception must be in writing and submitted to the LEA’s State Special Education Area Supervisor for consideration. **Exceptions must be granted by the ADE Special Education Unit prior to submission of the data.**
  
2. The Integrated Classroom Model (ICM) means a general education classroom in which instruction is provided to general and special education students for the **entire instructional day by a teacher dually licensed in general and special education**. An ICM teacher can have **NO** other job assignments. The maximum classroom composition is limited to 2/3 general education students and 1/3 students with disabilities. This classroom must have a half-time paraprofessional.
  
3. The use of **Other Special Education Administrators** includes special education coordinators who work directly under the LEA Supervisor. This title is for special education administrative personnel, **NOT** clerical staff (data entry or due process clerks) or principals/assistant principals.
  
4. **Other:** This field is for the following personnel who are actively involved in providing services including evaluations but their credential/licensure does not match one of the related service provider codes. Examples for this title code include behavior specialists that hold a teacher license only or teachers who conduct evaluations but do not provide direct instruction.

**This code may NOT be used for clerical staff of any type, including due process clerks, even if the clerical staff holds a valid teacher license.**

**FIELD: Licensure Endorsement/Teacher Endorsement Code** – The appropriate licensure endorsement or certification number for the teacher or provider.

- Teachers have a set of codes for their license indicating the disciplines in which they are certified. For example 230 (sped P-4), 231 (sped 4-12).
- For those providers working on an additional licensure plan, type “ALP” plus the correct endorsement code in this field.
- All related services providers required by law to have a certification/license/registration **MUST** have a current certification/license/registration. The LEA should have a copy of this information on record and be prepared to produce the information when requested.

**FIELD: Certification Status: Teacher/Provider** – The certification status of the special education teacher or provider. This is personnel who have met SEA-approved or SEA-recognized certification, licensing, registration or other comparable requirements that apply to the area in which the individuals are providing special education or related services.

- A. 1st Year Teaching Special Education, Not Highly Qualified**
- B. 2nd Year Teaching Special Education, Not Highly Qualified**

**C. 3rd Year Teaching Special Education, Not Highly Qualified**

- Any teacher coded as A-C must have an ALP on file. The LEA should be prepared to submit the documentation upon request.

**D. Fully Certified/Highly Qualified Special Education Teacher/Speech Pathologist**

- Teachers must have ADE license endorsement for special education.
- Speech Pathologists must be licensed by the Arkansas Board of Examiners - Speech-Language Pathology and Audiology or an ADE teacher licensure endorsement code of 198 or 317

**E. Non-Teacher Certified**

- All paraprofessionals must have completed the special education core modules to be considered certified
- This code includes special education supervisors, early childhood coordinators, and special education administrators who meet the minimum qualifications of the job (Title Code 01)
- This status also includes "Other Special Education Administrators (Title Code 02).

**F. Private Provider Certified**

- Contract Personnel who hold a Certification/License for his/her job assignment
- This includes contracted teachers not employed by the district

**G. Non-Teacher Not Certified**

- This includes all paraprofessionals who have NOT completed the special education core module.
- This includes LEA special education supervisors and early childhood coordinators who do not meet the minimum qualifications of a LEA Supervisor or EC Coordinator. There should be an ALP on record (Title Code 01).
- This status also includes "Other Special Education Administrators (Title Code 02).

**H. Private Provider Not Certified**

- Contract Personnel who do NOT hold a Certification/License for his/her job assignment.

**I. Other Certification Status, Not Fully Certified**

- This code is specifically for **student interns**. These students are conducting testing, providing services, and reviewing records under the direct supervision of a certified/licensed speech pathologist or psychological examiner in preparation of receiving their license. Student interns in the area of speech pathology may have a pending certification/license number which should be provided.
- If a district believes it has another situation for which this code can be used, its State Special Education Area Supervisor should be consulted prior to its use.
- Anyone identified with this code is considered not fully certified.

**FIELD: Building Code** – Each personnel must be assigned to a building. This is the primary building of his/her job assignment and must be the valid three (3) digits following the LEA number in the ADE School District directory.

For example, Alma School district is 1701000 and Alma Primary School is 1701004. Therefore the 3 digit building code is 004.

- School age: If work duties are district wide and are not assigned to a specific building the district code of “000” must be used.
- Early childhood programs are to use “000” as the building code.

**FIELD: Grade Levels** – Indicate the grade level(s) the teacher is assigned.

- PS** = Early Childhood/Preschool
- E** = Elementary
- JE** = Junior High and Elementary
- MS** = Middle School
- ME** = Middle and Elementary
- JS** = Junior and Senior High
- JH** = Junior High
- SE** = Senior High and Elementary
- SH** = Senior High
- JM** = Junior High and Middle School
- SM** = Senior High and Middle School
- ALL** = Elementary through Senior High

**FIELD: Special Education Classroom Paraprofessional** – Indicate if the teacher/speech pathologist (title code for teachers are **03, 20, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59**) has an aide assigned to him/her.

- A Speech Pathologist with a Speech Language Assistant/Aide (SLA) selects SP or SF codes. Only title code 20 should use SP or SF

- |                            |                           |
|----------------------------|---------------------------|
| <b>P</b> = Part-time aide  | <b>SP</b> = Part-time SLA |
| <b>F</b> = Full-time aide  | <b>SF</b> = Full-time SLA |
| <b>NA</b> = Not Applicable |                           |

**Note:** ONLY the title codes provided above should be used to answer this question. All other title codes require NA to be entered. Code 13 (Classroom Instructional Aide/ Para-professional) should NEVER be used as a title code for this question.

**FIELD: Provider FTE (Cycle 4)** – Provider Full-Time Equivalency (FTE) of individuals providing special education services in decimal format. Do not enter the actual number of instructional hours. List the appropriate FTE of each person based on a 40-hour workweek (i.e., 1.0, .5). An individual providing 9 hours of services would use an FTE of 0.22. If an employee is considered as full-time, but does not work 40 hours, indicate him/her as full-time (1.0). For example, a teacher works 36 hours a week, which is considered fulltime, indicate the teacher’s FTE as 1.00.

Hour	FTE	Hour	FTE	Hour	FTE	Hour	FTE
0.5	0.01						
1	0.02	11	0.27	21	0.52	31	0.77
2	0.05	12	0.30	22	0.55	32	0.80
3	0.07	13	0.32	23	0.57	33	0.82
4	0.10	14	0.35	24	0.60	34	0.85
5	0.12	15	0.37	25	0.62	35	0.87
6	0.15	16	0.40	26	0.65	36	0.90
7	0.17	17	0.42	27	0.67	37	0.92
8	0.20	18	0.45	28	0.70	38	0.95
9	0.22	19	0.47	29	0.72	39	0.97
10	0.25	20	0.50	30	0.75	40	1.00

**FIELD: Teacher Caseload Count - The number of children served by the teacher or speech pathologist.** Provide the unduplicated count of students by teacher served in accordance with their IEPs throughout the school day.

**NOTES:**

- This count does NOT include students taught in a resource Secondary Transition Course or other high school resource non-credit electives. These students will be reported separately.
- Teacher caseloads for the services delivery models set forth in this document must be adhered to, consistent with Special Education Program Standards, Section 17.00 and Early Childhood standards in Section 30.00. Waiver requests relative to adjusting caseload caps must be submitted in writing, with appropriate justification, to the LEA’s State Special Education Area Supervisor and be approved by the Associated Director of Special Education, ADE, in order to be in compliance.

**How to determine caseload (See Section 17.03 of the Arkansas Special Education Program standards and/or -Section 30.00 Early Childhood standards for details)?**

**Speech Pathologists:**

An unduplicated count of children, up to 45, served in accordance with their IEPs. Children receiving speech services and additional special education services will be coded on both a teacher and a speech pathologist’s caseload.

**Early Childhood:**

An unduplicated count of children served in accordance with their IEPs by a teacher. See Section 30.03 of the Special Education Early Childhood standards for specifics on caseloads for center-based programs and itinerant/home teachers.

**School age:**

**Indirect/Consulting**

The caseload for a teacher who provides indirect/consulting services **fulltime** may be up to 40. (See Section 17.03.1.2, Chart #2-17, and Section 17.03.7.1).

The caseload for a teacher providing indirect/consulting services **half –time** or **part-time** must be reduced proportionately in accordance with Section 17.03.7.2 or 17.03.7.3, respectively.

### **Self-Contained 1:6**

The caseload may be up to 6 distinct children; however, an approved caseload waiver will allow for an increase up to 8. (See Section 17.03.1.2, Chart #2-17, and Sections 17.17.03.3 and 17.03.3.3).

### **Self-Contained 1:10**

The caseload may be up to 10 distinct children; however, an approved caseload waiver will allow for an increase up to 12. (See Section 17.03.1.2, Chart #2-17, and Section 17.03.3.2).

### **Self Contained 1:15**

The caseload may be up to 15 distinct children which may be any combination of self contained and resource as long as the number of children receiving resource services within a self-contained 1:15 class does not exceed 5. The number of children served as resource in a 1:15 setting must be adjusted downward if the number of self-contained children served in this setting exceeds 10. (See Section 17.03.1.2, Chart #2-17, and Section 17.03.2.2).

Examples:

- All 15 are self contained students.
- Out of 15 possible children, 8 are self contained with up to 5 being resource, making the Caseload 13.
- Out of 15 children, 12 are self contained with up to 3 being resource, making the Caseload 15.

### **Co-Teaching (See Section 17.06)**

The caseload for a teacher who is co-teaching **fulltime** may be up to 30. (See Section 17.06.4).

The caseload for a teacher who is co-teaching **part-time** must be reduced proportionately to their job assignment.

For example, a teacher who co-teaches 2 periods a day can provide special education services to 10 distinct children, in accordance with their IEPs, between the 2 periods. If the first co-taught class has 7 children then the second co-taught class can have up to 3.

### **Resource (non-departmentalized)**

A fulltime resource teacher may have a caseload up to 25 distinct children. The caseload may increase to 28 with an approved caseload waiver. (See Section 17.03.1.2, Chart #2-17, and Section 17.03.3.2)

A part-time resource teacher's caseload must reduce proportionately in accordance with his/her job assignment.

For example, a resource teacher with 4 class periods a day can provide special education services to up to 15 distinct children. The caseload may increase to 18 with an approved caseload waiver.

**Resource (departmentalized)**

A teacher in a resource setting that is departmentalized by subject area may provide services to 48 distinct children. (See Section 17.03.5.4)

A part-time departmentalized resource teacher’s caseload must reduce proportionately in accordance with his/her job assignment

For example, a departmentalized resource teacher with 4 class periods a day may provide special education services up to a maximum of 32 distinct children. The caseload may increase to 38 with an approved caseload waiver.

**Examples for Split Assignments**

**Co-teaching and Resource (non-departmentalized):**

A teacher with a split caseload between **co-teaching** (2 periods) **and resource (non-departmentalized)** (4 periods) may provide special education services to 10 distinct children, in accordance with their IEPs, between the 2 co-taught periods; thus, limiting the number of distinct children in the 4 resource periods to 15 since the maximum caseload for a resource teacher is 25 distinct children without a waiver. With an approved caseload waiver the resource caseload could increase to 18.

Note: In this scenario, if a child is seen by the same teacher for different subjects (co-taught math and resource language arts) the child should be counted on the resource caseload only for program approval.

**Co-teaching and Resource (departmentalized):**

A teacher with a split caseload between **co-teaching** (2 periods) **and resource (departmentalized by subject)** (4 periods) may provide special education services to 10 distinct children, in accordance with their IEPs, between the 2 co-taught periods, thus limiting the number of distinct children in the 4 resource periods to 32. With an approved caseload waiver the resource caseload could increase to 38, since the maximum caseload for a departmentalized resource teacher is 48 distinct children.

**FIELD: Number of High School Students served in a Secondary Transition Course.**

Provide the total number of students on the roster for the Secondary Transition Course(s) taught by the teacher. This is a maximum of 30 per class. This field ONLY applies to Title Code 53: Resource Teacher with Grade levels SH, SE, SM, JS, or All.

**NOTE:** If a special education teacher only teaches secondary transition courses at the SH level, the caseload for the teacher in the teacher caseload count field would be zero.

**FIELD: Number of High School Students Served in Other Resource Non-Credit Elective Courses.**

Provide the total number of students on the roster for the Other Resource Non-Credit Elective Courses. This is a maximum of 30 per class. This field ONLY applies to Title Code 53: Resource Teacher with Grade levels SH, SE, SM, JS, or All.

**NOTE:** If a special education teacher only teaches non-credit elective courses other than transition at the SH level, the caseload for the teacher in the teacher caseload count field would be zero.

**If a teacher’s assignment is to instruct fulltime non-credit resource classes, (he/she has zero regular resource, self contained, indirect, or co-teaching classes), he/she is not allowed to hold any folders and the caseload is zero.**

**FIELD: Primary Disability being served by the special education teacher or provider** – The type of disability of the students the person is teaching.

- |   |   |
|---|---|
| <b>MR</b> – Mental Retardation            | <b>HI</b> – Hearing Impaired                                      |
| <b>SI</b> – Speech/Language Impairments   | <b>VI</b> – Visual Impairments                                    |
| <b>ED</b> – Serious Emotional Disturbance | <b>OI</b> – Orthopedic Impairments                                |
| <b>OHI</b> – Other Health Impairments     | <b>SLD</b> – Specific Learning Disabilities                       |
| <b>DB</b> – Deaf-Blindness                | <b>MD</b> – Multiple Disabilities                                 |
| <b>AU</b> – Autism                        | <b>TBI</b> – Traumatic Brain Injury                               |
| <b>CC</b> – Cross Categorical             | <b>PS</b> – Non-categorical for Preschool/<br>developmental delay |
| <b>NA</b> – Not Applicable                |   |

**SCHOOL AGE ONLY**

**FIELD: Per Period Range** –The minimum number of SWD a teacher is providing instruction to in accordance with the IEP in the classroom and the maximum number of SWD a teacher is providing instruction to in accordance with the IEP in the classroom *throughout a day*. **This only applies to teachers with a caseload count. Do not include resource non-credit elective counts.**

**For example:**

**Resource Class:** In period 2, a teacher has 2 SWD in the class in accordance with their IEPs but in period 5 the same teacher has 8 SWD in the class in accordance with their IEPs. Therefore, the per-period range would be from a low of 2 students to a high of 8 students (2:8). With an approved waiver the per-period maximum is 10.

**Co-Taught Class:** In period 3, a teacher has 3 SWD in the class and all 3 are in the class in accordance with their IEPs for the receipt of co-teaching instruction. In period 7 the same teacher has 13 SWD in the class, but only 7 are in the class in accordance with their IEPs specifically to benefit from co-teaching. Therefore, the per-period range would be from a low of 3 students to a high of 7 students (3:7).