

**SPECIAL EDUCATION****SPECIAL EDUCATION
REFERRAL TRACKING
DATA DICTIONARY
School Year 2011/12**

The purpose of this handbook is to provide guidance to early childhood and school district special education staff on coding and entering special education student referral data into APSCN. The special education early childhood and school age referral tracking data is 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**Field: Social Security (Cycle 7)**

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

Field: First Name (Cycle 7)

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

Field: Middle Name (Cycle 7)

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

Field: Last Name (Cycle 7)

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

Field: Birth date (Cycle 7)

The student's date of birth.

Note: 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: Race (Cycles 4, 7)

Select all that apply.

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 (Cycle 7)

M **Male**
F **Female**

Field: Grade (Cycle7)

P **Preschool**
K **Kindergarten**
01 **1st Grade**
02 **2nd Grade**
03 **3rd Grade**
04 **4th Grade**
05 **5th Grade**
06 **6th Grade**
07 **7th Grade**
08 **8th Grade**
09 **9th Grade**
10 **10th Grade**
11 **11th Grade**
12 **12th Grade**
EE **Non-Graded Elementary**

This category should only be used in extreme situations in which the student's grade cannot be appropriately determined. Where possible, use the grade that will be used for purposes of assessment.

SM Non-Graded Middle/Jr.

This category should only be used in extreme situations in which the student's grade cannot be appropriately determined. Where possible, use the grade that will be used for purposes of assessment.

SS Non-Graded Secondary

This category should only be used in extreme situations in which the student's grade cannot be appropriately determined. Where possible, use the grade that will be used for purposes of assessment.

Field: Resident LEA (Cycle 7)

Indicate the resident LEA of the student being referred to special education. Enter the four digit district number in which the student lives and 3 zero's (000).

Field: Private School (Cycle 7) (School Age Only)

Y **Yes** – student being referred was parentally placed in a private school and not placed or referred to the private school by public agencies

N **No**

Field: Name of Private School (Cycle 7) (School Age Only)

Enter the name of the private school if indicated 'Yes' above.

Field: Building Code (Cycle 7)

The 3 digit building code populated from the student registration.

Field: Trans Part C (Early Childhood only)**“Part C” to “Part B” Transition (Cycle 7)**

Y Yes – student is being transitioned from a “Part C” IDEA program to a “Part B” Early childhood Program.

N No

Field: Part C & B Concurrent (Cycle 7) (Early Childhood only)

Y Yes - referral to Part C was < 90 days from 3rd birthday resulting in concurrent referral for C to B. Enter due process information, bypassing 3rd birthday eligibility timelines.

N No

Note: If student is entered as Y as a Part C to Part B transition, Part C & B is not concurrent.

Field: Referral Date (Cycle 7)

The date that the referral was received

Field: Par Eval Date**Parent Consent to Evaluate Date (Cycle 7)**

Date that the parent/guardian consented to evaluation

Field: Eval Date**Evaluation Date (Cycle 7)**

Date that the evaluation process was complete. The completion date is the date the *last* evaluation is completed. For example, if a battery of tests takes is given over two days, 9/22/11 and 9/23/11, the Evaluation Date would be 9/23/11.

The timeline between the parent consent date and the evaluation completion dates should not exceed 60 days.

Field: Eval Reason Exceeded (Cycle7)**Reason Evaluation Exceeded 60-day Timeline**

AT Additional testing determined by IEP Team

IL Child or family illness/death delayed evaluations

TR Transferred from another program during the due process

EV Evaluations not completed in accordance with timelines due to IEP Team (includes evaluators)

FM Family moved making the child unavailable

HV Failed hearing/visual screening (i.e. waiting for glasses)

PR Parent Refused Initial consent

EC Family cancelled evaluations date(s) requiring it to be rescheduled

PW Parent withdrew consent

OT Other - please clearly specify other reason timeline was not met

Field: Eval OT Reason**Evaluation Other Reason (Cycle 7)**

If other (**OT**) selected above, enter the reason the evaluation exceeded the 60-day timeline as clearly as possible.

Field: Elig Det Date**Eligibility Determination Date (EDD) (Cycle 7)**

The date which eligibility was determined. This is usually the evaluation conference date. This date should not exceed 30 days from the date of evaluation.

Field: EDD Reason Exceeded**Reason EDD Exceeded 30-day timeline (Cycle 7)**

- IL** Child/Family illness delayed due process or family was unavailable for meeting
- TR** Transferred from another program during due process
- EV** Evaluation not completed in accordance with timelines due to IEP Team (includes evaluators)
- FM** Family moved making the child unavailable
- FC** Family cancelled ED conference(s) requiring it to be rescheduled
- PW** Parent withdrew consent
- OT** Other- please clearly specify other reason timeline was not met

Field: EDD OT Reason (Cycle 7)

If other (OT), enter the reason the Eligibility Determination Date exceeded the 30-day timeline from the date of evaluation as clearly as possible.

Field: EDD 3RD DOB Code (Early Childhood only)**Reason EDD Exceeded 3rd Birthday (Cycle7)**

- PR** Parent refused initial consent to test/place
- IL** Child/Family illness delayed due process or family was unavailable for meeting.
- TR** Transferred from another program during due process
- EV** Evaluation not completed in accordance with timelines due to IEP Team (includes evaluators)
- PC** "Part C" failed to refer child for transition within timelines
- OT** Other – clearly explain if the reason was not listed above

Field: EDD 3RD OT Reason

If other (OT) selected above, enter the reason the Eligibility Determination Date exceeded 3rd birthday.

Field: 3rd Temp IEP (Cycle7) (Early Childhood only)**Temporary IEP if EDD Exceeded 3rd Birthday**

The Temporary IEP field 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 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 interruption of services, even though the determination is not finalized.

Y Yes – the student who turned 3 years old and is in the process of Eligibility Determination is being served with a temporary IEP.

N No

Field: Sped Place

Special Education Placement (Cycle 7)

Y Yes – the student was determined eligible for special education services and was placed

N No

Field: Early Interv Serv (School Age only)

Early Intervening Services (Cycle 7)

Y Yes – the student was placed into coordinated early intervening services in accordance with ADE guidelines (services are paid for by the 15% set-aside for early intervening services in accordance with IDEA Section 612).

N No

Field: PAR Placement

Parent Consent to Place in Special Education Date (Cycle 7)

Date that the parent/guardian consented to placement in special education

Field: Ref Complete

Referral Process Complete (Cycle7)

Y Yes – the referral due process for this student is complete

N No

Field: RFC Reason

Reason for Completion

SP Placed into special education

NE Not eligible for special education

NT IEP Team determined no testing required (only referral conference was held)

EI Placed into coordinated early intervening services using VI-B funds

FM Family moved making the child unavailable

TR Transferred to another program during the due process

RS Parent refused services

ED Child died

OT Other - please clearly specify the reason the referral is complete if not indicated above

Field: CMP Other

Completion Other

If other (OT), enter the reason the referral is complete as clearly as possible