This form has been provided to you as an optional tool to assist in accurate data collection and data entry. Please refer to the CEIS Data Dictionary for accurate reporting and understanding of terms and codes.

Coordinated Early Intervening Services (CEIS) APSCN Data Form

Enter the student in APSCN if your district uses VI-B set-aside money for the provision of CEIS ***and*** *the student has been identified as at risk of being placed in special education.*

CEIS Main Screen

Social Security # (9 digit)_____

Last Name **First Name** **Middle Name**_____ **CEIS Entry Date (MM/DD/YYYY)** **ELL (Y / N)** **Resident LEA #**_____

CEIS Service Type Screen

Type of Coordinatied Early Intervening Services **Begin Date of Service**

[ ] **AS** = Adaptive Software

[ ] **AT** = Adaptive Technology [ ] **BE** = Behavior Evaluation

[ ] **CB** = Counseling/Behavioral Intervention [ ] **LI** = Literacy Instruction

[ ] **LS** = Language Skills [ ] **MI** = Math Instruction

[ ] **OS** = Other Services_____ [ ] **RH** = Section 504 of Rehab Act

[ ] **S2** = Other Services_____ [ ] **S3** = Other Services_____ [ ] **SB =** School Based Mental Health

End Date of Service

[ ] **SI** = Scienc Instruction

CEIS Entry/Withdrawal Screen

Note: The withdrawal date requires all Service Types have End Dates

CEIS Withdrawal Date **(MMDDYYYY)** **Exit Status**_____

(**Exit Status Codes**: **DI** = Deceased; **SN** = Services no longer needed; **SP** = Placed into Special Education; **MK** = Student Moved; **RP** = Reached Program Eligibility; **DO =** Dropped out of school; **DP** = Services discontinued at parent's request; **GD** = Graduated)