

*This form has been provided to you as an optional tool to assist in accurate data collection and data entry. Please refer to the Special Education's Training Guide and Data Dictionaries for accurate reporting and understanding of terms and codes.*

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

**Special Education CHDC-ADC School Age MySped Data Form**

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

**Student ID# (10 digit)** \_\_\_\_\_ **Social Security # (9 digit)** \_\_\_\_\_

**Building 00 0** Birthdate (MM/DD/YYYY) Sex ( M or F )

Ethnic Code(s) Grade A-Grade \_\_\_\_\_

(Ethnic codes-Code all that apply; H= Hispanic; N= Am Indian; A=Asian; B=Black or African Am; P=Native Hawaiian/Pac Islander; W=White)

Alternate Portfolio N Alternate Assessment N/A Charter School N ELL \_\_\_\_\_ Disability \_\_\_\_\_ Ed Environment CF RB

(Primary Disability Codes: AU= Autism; DB= Deaf-Blindness; ED= Emotional Disturbance; HI= Hearing Impaired; MD= Muple Disabilities; MR= Intellectual Disability; OHI= Other Health Impairment; OI= Orthopedic Impairments; SI= Speech/Language Impairments; SLD= Specific Learning Disorder; TBI= Traumatic Brain Injury; VI= Visual Impairments)

Provider Name Corrections CHDC Provider LEA Resident LEA \_\_\_\_\_ School Choice General

N School Choice Outside District N School Choice Provider LEA \_\_\_\_\_ Temporary Student N

SPED Teacher ID \_\_\_\_\_ SPED Teacher's Name \_\_\_\_\_ Speech

Therapist ID \_\_\_\_\_ Speech Therapist's Name \_\_\_\_\_

**Entry/Withdrawal** \_\_\_\_\_

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

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