

This form has been provided to you as an optional tool to assist in accurate data collection and data entry. Please refer to the DDS Special Ed Training Guide for accurate reporting and understanding of terms and codes.

DDS 3-5yr MvSped Data Form

Student Demographics

Social Security # (9 digit) _____

Last Name_ First Name_ Middle Name_

Transfer (Y or N) Birthdate_ (MM/DD/YYYY) Race_ Gender (M or F)

Resident LEA (first four digits) ELL Transfer_____

(Race Codes: AP= Asian/Pacific Islander; B= Black; H= Hispanic; AI= American Indian/Alaskan Native; W= White)

3-5yr Referral Tracking: Complete if student is referred from a 0-3yr program to a 3-5 yr program Or if student is referred and does not have a current IPP.

Transition Part C to B (Y or N) [moving from the 0-3yr program to the 3-5yr program]

Part C & B Concurrent (Y or N)

Referral Date (MMDDYYYY) Parent Consent to Evaluate Date (MMDDYYYY)

Evaluation Date (MMDDYYYY) Reason Eval exceeded 60 day timeline_____

Eligibility Determination Date (EDD) (MMDDYYYY)

Reason EDD 30 day timeline from Eval exceeded _____

EDD Reason (if exceeds 3rd birthday) _____

Temp IEP (3rd b-day) Special Ed Placement (Y/N) Parent Conset to Place in Sp Ed Date _____

Reason Referral Process Complete _____

***Reasons for exceeding 60-Day Eval timeline and EDD 30-Day timeline**

EV=Evaluations not completed in accordance with timelines
 EC=Family cancelled evaluation date(s) requiring it to be rescheduled
 FM=Family moved making the child unavailable
 IL=Child or Family illness/death delayed evaluations
 PR=Parent Refused Initial Consent
 PW=Parent withdrew consent
 TR=Transferred from another program during the due process
 OT=Other- state other reason

EDD Reasons for exceeding 3rd birthday

EV=Evaluation not completed in accordance with timelines
 IL=Child or Family illness/death delayed evaluations
 PC="Part C" failed to refer child for transition within timelines
 PR=Parent Refused initial consent
 TR=Transferred from another program during the due process
 OT=Other- state other reason

Reasons Referral Process is Complete

ED=Child died
 FM=Family moved making the child unavailable
 NE=Not Eligible for Special Education
 RS=Parent refused services
 SP=Placed into special Education
 TR=Transferred from another program during the due process
 OT=Other - state other reason

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3-5yr Early Childhood Enrollment

Entry Date (MMDDYYYY)

Program Type _____

Primary Disability Educational Environment_____

SPED Teacher _____

SPED Teacher ID _____

Speech Therapist _____

Speech Therapist ID _____

MR= Mental Retardation; OHI= Other Health Impairment; OI= Orthopedic Impairments; SI= Speech/Language Impairments;
 SLD= Specific Learning Disorder; TBI= Traumatic Brain Injury; VI= Visual Impairments; PS = Preschool/NonCategorical)
 (Educational Environment Codes: RG = Regular Classroom (80% or more SPED); RR = Resource Room (40% to 79% SPED);
 SC = Self -Contained (40% or less SPED); O = Itinerant Service Outside Home; HM = Home; RS = Residential; SP = Early Childhood
 Special Education; SS = Separate School; RF = Residential Facility)
 (Program Type Codes: A = ABC; E = Even Start; H = Head Start; O = Other; HI = Hippy; P = Preschool; DC = Licensed Family)

Social Emotional Knowledge/Skills Self Help

3-5yr Early Childhood Outcomes

Score	Imprvmt	Score	Imprvmt	Score	Imprvmt
Entry Assess Date	(MMDDYYYY)				
Exit Assess Date	(MMDDYYYY)	Y or N		Y or N	Y or N
Exit Date	(MMDDYYYY)	Exit Status			

3-5yr Early Childhood Exit

Kindergarten Transition Status _____

Kindergarten Conference Date (MMDDYYYY)

(Kindergarten Transition Status: KW=Kindergarten Waiver; TK=Transitioned to KG with SpEd Re-evaluation Required; TN =Transitioned with No Service to Kindergarten)

(Exit Status Codes: **DI** = Deceased; **KE** = Kindergarten Eligible; **MK** = Moved, Known Continuing EC SPED; **NP** = Not Placed; **PR** = Parent Refused Services; **NS** = No Longer Requires Services; **US** = Unknown Status)