

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.

(Bolded and grayed sections required for Federal Reporting)

Special Education Early Childhood Referral Tracking APSCN Data Form

Complete Referral Tracking if student is without a current IEP. Go to following page to place student in Special Education Module.

Referral Tracking	
Social Security # (9 digit) _____	
Last Name _____	First Name _____ Middle Name _____
Sex (M or F) _____	Birthdate _____ (MM/DD/YYYY) Ethnic Code _____ ELL (Y or N) _____
<small>(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)</small>	
Grade _____	Resident LEA _____ Private School (Y or N) If Y, Name _____
Referral Date _____ (MM/DD/YYYY)	Transition Part C to B (Y or N) (EC Only) Part C & B Concurrent (Y or N) (EC Only)
Parent Consent to Eval Date _____ (MM/DD/YYYY)	Eval Date _____ (MM/DD/YYYY)
Eligibility Determination Date _____ (MM/DD/YYYY)	Temporary Student (Y or N)
Reason Timeline exceeded 60 Days in Consent to Eval	Reason Timeline exceeded 30 Days in Eval to Elig Det
<input type="checkbox"/> JIL =Child or Family Illness/Death Delayed Evals <input type="checkbox"/> JEV =Evaluations not Completed in Accordance with Timelines <input type="checkbox"/> JFC =Family Cancelled ED Conference(s) requiring reschedule <input type="checkbox"/> JFM =Family Moved making the Child Unavailable <input type="checkbox"/> JOT =Other _____ <input type="checkbox"/> JPW =Paren Withdrew Consent <input type="checkbox"/> JTR =Transferred from another Program during due process <input type="checkbox"/> JPR =Parent Refused Initial Consent	<input type="checkbox"/> JIL =Child or Family Illness/Death Delayed Evals <input type="checkbox"/> JEV =Evaluations not Completed in Accordance with Timelines <input type="checkbox"/> JFC =Family Cancelled ED Conference(s) requiring reschedule <input type="checkbox"/> JFM =Family Moved making the Child Unavailable <input type="checkbox"/> JOT =Other _____ <input type="checkbox"/> JPR =Parent Refused Initial Consent <input type="checkbox"/> JPW =Paren Withdrew Consent <input type="checkbox"/> JTR =Transferred from another Program during due process
Reason EDD after 3rd Bday (EC Only)	Parent Consent to Place Date _____
<input type="checkbox"/> JIL =Child or Family Illness/Death Delayed Evals <input type="checkbox"/> JEV =Evaluations not Completed in Accordance with Timelines <input type="checkbox"/> JOT =Other _____ <input type="checkbox"/> JPR =Parent Refused Initial Consent <input type="checkbox"/> JTR =Transferred from another Program during due proces <input type="checkbox"/> JPC ="Part C" Failed to Refer Child for Transition within Timelines	Reason Referral is Complete: <input type="checkbox"/> ED =Child died <input type="checkbox"/> SP =Placed in Sp Ed <input type="checkbox"/> EI =Placed in EIS <input type="checkbox"/> TR =Transferred to another program <input type="checkbox"/> FM =Family Moved <input type="checkbox"/> NE =Not Eligible for Sp Ed <input type="checkbox"/> RS =Parent refused servi <input type="checkbox"/> OT =Other
	Specify: _____
If student was placed in Special Education, complete additional information beginning at 'Primary Disability' on the General Information Page 1 Screen of EC APSCN Data Form on following page.	
<small>(Ethnic codes: AP= Asian/Pacific Islander; B= Black; H=Hispanic; AI= American Indian/Alaskan Native; W=White)</small>	

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Special Education Early Childhood APSCN Data Form

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Entry/Withdrawal Screen

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

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

Transfer (Y or N) **District LEA (first four digits)** _____ **County** _____

Temporary Student _____ **ELL** _____ **Primary Disability** _____ **Educational Environment** _____

(Primary Disability Codes: **AU**= Autism; **DB**= Deaf-Blindness; **HI**= Hearing Impaired; **MD**= Mutiple Disabilities;

OHI= Other Health Impairment; **OI**= Orthopedic Impairments; **SI**= Speech/Language Impairments;

TBI= Traumatic Brain Injury; **VI**= Visual Impairments; **PS**= Preschool Disabled (Non-Categorical))

(Educational Environment Codes: **A1** = Regular EC program 10+ hours a week, with majority of special ed services in EC program; **A2** = Regular EC program 10+ hours a week with majority of special services in other location; **B1** = Regular EC program <10 hours a week with majority of special ed services in EC program; **B2** = Regular EC program <10 hours a week with majority of special ed services in another location; **RS** = Residential; **SP** = Special Class; **SS** = Separate School

To be completed in REFERRAL TRACKING MODULE prior to placing in Early Childhood Special Ed Module:

Referral Date _____ (MMDDYYYY) Referral Conference Date _____ Person Referring _____

Evaluation Date _____ Placement Date _____ Annual Review Date _____

Agency Name _____ Agency City _____

SPED Teacher _____ **Speech Therapist** _____

SPED Teacher ID _____ **Speech Therapist ID** _____

Paraprofessional ID _____ Other ID _____

Program Type _____ **New Student (Y or N)**

(Program Type Codes: **A** = ABC; **E** = Even Start; **H** = Head Start; **O** = Other; **HI** = Hippy; **P** = Preschool; **DC** = Licensed Family)

Kindergarten Transition

Transition Conference Date _____ (MMDDYYYY) Transition Code _____

Conference LEA _____

(Transition Codes: KW = Kindergarten Waiver; NS = No Services Needed; TK = Transition with Services to Kindergarten)

Early Childhood Outcomes

	<u>Social Emotional</u>		<u>Knowledge/Skills</u>		<u>Self Help</u>	
	Score	Imprvmt	Score	Imprvmt	Score	Imprvmt
Entry Assess Date _____ (MMDDYYYY)	_____	_____	_____	_____	_____	_____
Assess1 Date _____ (MMDDYYYY)	_____	Y or N	_____	Y or N	_____	Y or N
Assess2 Date _____ (MMDDYYYY)	_____	Y or N	_____	Y or N	_____	Y or N
Exit Assess3 Date _____ (MMDDYYYY)	_____	Y or N	_____	Y or N	_____	Y or N

Developmental Needs Information Screen

Developmental Needs: _____

(Developmental Needs Codes: CM = Communication; CO = Cognitive; FM = Fine Motor; GM = Gross Motor; SE = Social/Emotional; SH = Self Help)

Related Services Information Screen

Related Services: _____

(Related Services Codes: AS = Assistive Technical Services; CL = Clean Intermittent Catheter; CS = Counseling; MS = Med Serv-Diagn/Eval; OM = Orientation Mobility; OT = Occupational Therapy; PC = Parent Counseling; PR = Parent Training; PS = Psychological Services; PT = Physical Therapy; RC = Rehab Counseling Services; RE = Recreation; RT = Therapeutic Recreation; SH = School Health Services; SW = In School Social Work; TD = Assistive Technology Device; TR = Transportation Service; AU= Audiology)

Anticipated Services Screen

Code: _____

(Anticipated Services Codes: AE = Alternative Education Svcs; CM = Case Management Svcs; CS = Communication Svcs; ER = Ongoing Empl-Rel Svcs; FS = Family Svcs; IL = Independent Living Svcs; LR = Recreation/Leisure Svcs; MB = Mobility Svcs; MH = Mental Health Svcs; MM = Medically Related Svcs; NS = No Special Svcs; RL = Residential Living Svcs; SP = Svc-Support Post Sec Educ; SS = Social Skills Training; TA = Tech Aids/Adap Equip Svcs; TS = Specialized Transportation Svcs; VT = Vocational Training/Job Plave Svcs)