Florida Department of Education
Education Information and Accountability Services/
Educational Data Systems

Comprehensive Management Information System
Automated Student Reporting Format

2002-2003 Exceptional Student

1.   Submit this record in reporting periods 1-4 and 9 for any PK-12 student who has an Exceptionality, Primary code other than Z. (Student has a current FSP, IEP or EP in effect.)

2.   For reporting period 5, submit this record for any PK-12 student who, during the school year just ended, was in membership and had an Exceptionality, Primary code other than Z.

3.   For reporting period 9 the universe is determined by this format. Records should be submitted only for students who have a current FSP, IEP or EP as of December 1 of the reporting year. Students do not have to be in attendance but must be in membership to be counted.

4.   YEAR: For reporting periods 1-4 or 9 this field will contain the fiscal year. For reporting period 5 this field will contain school year.

5.   EXCEPTIONAL STUDENT, DISMISSAL DATE: Report the most recent Exceptional Student, Dismissal Date in Survey 5 for any student who has exited **all** Exceptional programs during the school year and is no longer receiving special education and related services.

6.   TIME, TOTAL SCHOOL WEEK AND TIME WITH NON-DISABLED PEERS are reported only in Surveys 2 and 9. For all other surveys, zero-fill the fields.

7.   EXCEPTIONAL STUDENT, IDEA EDUCATIONAL ENVIRONMENTS: Report only in Survey 9. For all other Surveys, Z fill the fields.

8.   KEY FIELDS: The key fields for this format are item numbers 1, 2, 3, 4 and 5. If a key field needs to be changed, the record must be deleted and re-submitted as an add.

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FIELD CHARACTERISTICS:		TAPE CHARACTERISTICS:		
A = Alphabetic only A/N = Alphanumeric N = Numeric only Z = Zoned Numeric P = Packed decimal R = Right justified leading zeros L = Left justified		9 Track (odd Parity) 1600 or 6250 BPI, EBCDIC Label Information_____ Record size _____ Block size _____		Date: April 2001 Effective Date: July 2001 Format No.: 6351 Record Type: 1 of 1 Activity No.: DB9 23B

Item Number	From-To	Size	Field Char.	Field Description
1	**1-2**	**2**	**N/R**	**District Number, Current Enrollment**
				The two digit number for the current school district in which the student is officially enrolled for graduation. See <u>DOE Information Data Base Requirements: Volume I - Automated Student Information System</u>, Appendix C, for acceptable codes.
2	**3-6**	**4**	**A/N/R**	**School Number, Current Enrollment**
				The state assigned four digit school number in which the student is officially enrolled for graduation during the current school year. <u>Number</u> <u>Definition</u> 0001-9899 District school sites assigned a unique number in the state Master School ID File. N998 DPS/MIS reporting number for home education setting. N999 DPS/MIS reporting number for out-of-state or PK-12 non-public in-state schools.
3	**7-16**	**10**	**A/N**	**Student Number Identifier, Florida**
				A ten character code used to uniquely identify a student. The number must be maintained for all PK-12 students, adult general education students, and post secondary vocational students. (CONTINUED ON NEXT PAGE)

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Item Number	From-To	Size	Field Char.	Field Description
				If the student provides a social security number, the Student Number Identifier, Florida equals the social security number followed by a "X". NnnnnnnnnX Example: 123456789X If a student does not provide a social security number, the school district should assign a number using the common method statewide. First 2 Digits NN For any student entering a Florida school district for the first time who does not have a social security number, the first two digits will represent the district of initial entry into the Florida School System. Last 8 Digits NNNNNNNN The last eight digits are district-defined in such a way as to result in a unique student number within the district where the number is originally assigned. See Data Element Number 175625 of the DOE Information Data Base Requirements: Volume I - Automated Student Information System for more information.
4	**17-17**	**1**	**A/N**	**Survey Period Code**
				A code representing one of the state reporting periods. Code Definition 1 July 2 October 3 February 4 June 5 End of Year 9 December
5	**18-21**	**4**	**N**	**Year** (See note on cover page)
				The Year data element refers to fiscal year or school year, as appropriate. YYYY Example: 0203

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Item Number	From-To	Size	Field Char.	Field Description
6	**22-25**	**4**	**A/N**	**Filler**
	26-26	**1**	**A**	**Exceptional Student Extended School Year Services** ←
				A one digit alpha indicator used to identify whether or not a student with disabilities received extended school year (ESY) services in accordance with the student's individual educational plan (IEP). The codes to be used are: <u>CODE</u> <u>DEFINITION</u> Y The student received extended school year services in accordance with an IEP team decision. N The IEP team determined that ESY services were not necessary. Z The student is not identified as a student with a disability (gifted).
7	**27-27**	**1**	**A**	**Exceptional Student, IDEA Educational Environments**
				A one character code to identify the educational environment in which a student with disabilities is served. Working down the list, select the first code applicable to the student. For students identified as gifted who are not also identified as disabled use code Z. For all students ages 0-2, use code Z. <u>CODE</u> <u>DEFINITION</u> FOR ALL STUDENTS, DETERMINE IF CODES C OR P APPLY: **C** **Correction Facility -** Students with disabilities receiving special education in Department of Juvenile Justice facilities (School Type 10 in Master School Identification File), Department of Corrections facilities, or City/County Jails. **P** **Private Schools -** Students with disabilities enrolled by their parents or guardians in regular parochial or other private schools an who receive special education and related services at public expense from a local educational agency. Includes Opportunity Scholarship schools; does not include charter schools**.** (CONTINUED ON NEXT PAGE)

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Item Number	From-To	Size	Field Char.	Field Description
				FOR ALL STUDENTS AGES 3-5 NOT CODED AS C OR P, DETERMINE IF CODES A, B OR S APPLY:
				A **Home -** Children with disabilities who receive all of their special education and related services in the principal residence of the child's family or caregivers.
				B **Residential Facility -** Children with disabilities who receive all of their special education and related services in publicly or privately operated residential schools or residential medical facilities on an I Inpatient basis.
				S **Separated School -** Children with disabilities who receive all of their special education and related services in educational programs in public or private day schools specifically for children with disabilities. (Also known as center schools, where all of the students are disabled.)
				FOR ALL STUDENTS AGES 6-21 NOT CODED AS C OR P, DETERMINE IF CODES D, E, F, G, OR H APPLY:
				D **Public Separate Facility** - Students with disabilities receiving special education and related services for greater than 50 percent of the school day in **non-residential** public separate facilities. (Also known as center schools, where all of the students are disabled.)
				(CONTINUED ON NEXT PAGE)

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Item Number	From-To	Size	Field Char.	Field Description
				E **Private Separate Facility -** Students with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in private **non-residential** separate facilities. This involves a contact between the school district and a **non**-**residential** private day school.
				F **Public Residential Facility -** Students with disabilities receiving special education and related services for greater than 50 percent of the school day in public **residential** facilities (e.g., Florida School for the Deaf and Blind).
				G **Private Residential Facility -** Students with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in public **residential** facilities. This involves a contract between the school district and a private residential school.
				H **Home/Hospital -** Students with disabilities receiving special education and related services at home or in a hospital.
				FOR ALL OTHERS (INCLUDING STUDENTS 0-2 AND STUDENTS IDENTIFIED AS GIFTED AND NOT ALSO IDENTIFIED AS DISABLED) USE THE FOLLOWING CODE:
				Z **None of the Above -** For these students, educational environment will be calculated using the two elements, Time, Total School Week and Time with Non-disabled Peers found on the Student Demographic Format.
				(CONTINUED ON NEXT PAGE)

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Item Number	From-To	Size	Item Number	From-To
				Placement should be determined as of December 1 of the school year. The element is only reported for exceptional students during Survey 9. Districts may Z-fill this element for other survey periods.
8	**28-28**	**1**	**A**	**Exceptionality, Primary**
				A code to identify the primary exceptionality for any child, youth or adult post secondary student enrolled in or eligible for enrollment in the public schools of a district who requires special instruction or related services to take full advantage of or respond to educational programs and opportunities because of a physical, mental, emotional, social or learning exceptionality. <u>Primary</u> indicates that exceptionality which most affects the student's ability to learn. The codes to be used follow:

<table>
<tr><td><u>Code</u></td><td><u>Exceptionality</u></td></tr>
<tr><td>A</td><td>Educable Mentally Handicapped</td></tr>
<tr><td>B</td><td>Trainable Mentally Handicapped</td></tr>
<tr><td>C</td><td>Orthopedically Impaired</td></tr>
<tr><td>F</td><td>Speech Impaired</td></tr>
<tr><td>G</td><td>Language Impaired</td></tr>
<tr><td>H</td><td>Deaf or Hard of Hearing</td></tr>
<tr><td>I</td><td>Visually Impaired</td></tr>
<tr><td>J</td><td>Emotionally Handicapped</td></tr>
<tr><td>K</td><td>Specific Learning Disabled</td></tr>
<tr><td>L</td><td>Gifted</td></tr>
<tr><td>M</td><td>Hospital/Homebound</td></tr>
<tr><td>N</td><td>Profoundly Mentally Handicapped</td></tr>
<tr><td>O</td><td>Dual-Sensory Impaired</td></tr>
<tr><td>P</td><td>Autistic</td></tr>
<tr><td>Q</td><td>Severely Emotionally Disturbed</td></tr>
<tr><td>S</td><td>Traumatic Brain Injured</td></tr>
<tr><td>T</td><td>Developmentally Delayed</td></tr>
<tr><td>U</td><td>Established Conditions</td></tr>
<tr><td>V</td><td>Other Health Impaired</td></tr>
<tr><td>Z</td><td>Not Applicable</td></tr>
</table>

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Item Number	From-To	Size	Field Char.	Field Description
9	**29-29**	**1**	**A**	**Alternate Assessment Administered**
				A one-digit alpha indicator used to identify whether or not a student with disabilities is administered an alternate assessment at grades 3-10. The codes to be used are: CODE Definition Y Yes, an alternate Assessment was/will be administered. N No assessment administered. P Student took partial or total FCAT and an alternate assessment. Z Student took statewide FCAT or student is in grade other than 3-10. NOTE: This element is to be used only for students with disabilities. Students identified as gifted only must be coded Z.
10	**30-55**	**26**	**A/N**	**Filler**
11	**56-56**	**1**	**A**	**Transaction Code**
				A code indicating the appropriate action to be taken with respect to the district's data base reporting records. Code Definition A Add Record C Update Record D Delete Record
12	**57-73**	**17**	**A/N**	**Filler**
13	**74-81**	**8**	**A/N**	**Exceptional Student, Dismissal Date**
				The code indicating the date of dismissal from each special program by the ESE administrator or designee. Dismissal date occurs: 1) After dismissal staffing or after the Individual Education Plan/Family Support Plan/Education Plan Meeting; (CONTINUED ON NEXT PAGE)

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Item Number	From-To	Size	Field Char.	Field Description
				2) After parent is provided informed notice of dismissal; and
				3) As a result of a staffing that is documented by a staffing report that includes a recommendation for dismissal by the staffing committee and approval of this recommendation by the ESE administrator or designee.
				MMDDYYYY Date dismissed from ESE program. Example: 05211985
14	**82-89**	**8**	**A/N**	**Exceptional Student Plan Date**
				The date of the most recent Individual Educational Plan, Family Support Plan or Education Plan development or review meeting. MMDDYYYY Example: 05101983
15	**90-143**	**54**	**A/N**	**Filler**
16	**144-152**	**9**	**A/L**	**Exceptionality, Other**
				A code to identify each exceptionality beyond the primary exceptionality for any child or youth enrolled in the public schools of a district who requires special instruction or related services to take full advantage of or respond to educational programs and opportunities because of a physical, mental, emotional, social or learning exceptionality. A maximum of nine exceptionalities may be included. The codes to be used follow: Code Definition A Educable Mentally Handicapped B Trainable Mentally Handicapped C Orthopedically Impaired D Occupational Therapy E Physical Therapy F Speech Impaired G Language Impaired H Deaf or Hard of Hearing (CONTINUED ON NEXT PAGE)

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Item Number	From-To	Size	Field Char.	Field Description
				I Visually Impaired J Emotionally Handicapped K Specific Learning Disabled L Gifted M Hospital/Homebound N Profoundly Mentally Handicapped O Dual-Sensory Impaired P Autistic Q Severely Emotionally Disturbed S Traumatic Brain Injured T Developmentally Delayed U Established Conditions V Other Health Impaired Z Not Applicable
17	**153-156**	**4**	**N**	**Time, Total School Week**
				The total amount of time a student is scheduled to attend school each week. This should be reported in minutes per week and be consistent with the information provided in the student's matrix of services. All scheduled time, i.e., <u>class time, recess, lunch and time between classes must be included in the total</u>. Examples: 1. Student A's school day begins at 7:30 A.M. and ends at 2:30 P.M. and the student attends five days per week. The total amount of time in school is calculated based on seven hours per day, five days per week. This equates to 2100 minutes per week. days = 600 minutes. Then, the total time in the school week for the student is 1,710 minutes + 600 minutes = 2,310 minutes. (CONTINUED ON NEXT PAGE)

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Item Number	From-To	Size	Field Char.	Field Description
				2. Student B's school day begins at 7:30 A.M. and ends at 12:30 P.M. The student then leaves the school campus to go to an on-the-job training site (OJT) on Monday, Wednesday and Thursday. The student works until 5:00 P.M. on those days. For the three days the student goes to OJT, the minutes would equate to 570 minutes per day x 3 days = 1,710 minutes. For the two days the student does not work, the minutes would equate to 300 minutes per day x 2 days = 600 minutes. Then, the total time in the school week for the student is 1,710 minutes + 600 minutes = 2,310 minutes. NOTE: This data should be reported only for Surveys 2 and 9. Districts should zero-fill this element for all other survey periods.
18	**157-160**	**4**	**N**	**Time With Non-Disabled Peers**
				The total amount of time that a student with a disability is with non-disabled peers. This includes time with school and work place peers. This should be reported in minutes per week and be consistent with the information provided on the student's matrix of services. Include class time, lunch, recess, and time between classes if this time is spent with non-disabled peers. NOTE: This data should be reported only for Surveys 2 and 9. Districts should zero-fill this element for all other survey periods