

**Florida Department of Education
Deputy Commissioner for Planning, Budgeting and Management
Educational Data Systems**

**Comprehensive Management Information System
Automated Staff Reporting Format**

1998-99 Staff Inservice Education

1. This format should be reported for each inservice component in which the staff member participated during the fiscal year reported.
2. INSERVICE EDUCATION, COMPONENT NUMBER: This element must match the comparable element on the Inservice Education Components format collected in Survey Period 1. Please see Appendix D in the DOE Information Data Base Requirements: Volume II - Automated Staff information System for explanation of numbering system for Inservice Education Component Numbers.
3. KEY FIELDS: The key fields for this format are item numbers 1, 3, 4, 5, 6, and 13. If a key field needs to be changed, the record must be deleted and re-submitted as an add.

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DEPUTY COMMISSIONER FOR PLANNING, BUDGETING AND MANAGEMENT
EDUCATIONAL DATA SYSTEMS**

1998-99 INSERVICE EDUCATION

FIELD CHARACTERISTICS: A = Alphabetic only A/N = Alphanumeric N = Numeric only Z = Zoned Numeric P = Packed decimal R = Right justified leading zeros L = Left justified	TAPE CHARACTERISTICS: 9 Track (odd Parity) 1600 or 6250 BPI, EBCDIC Label Information _____ Record size _____ Block size _____	Date: February 1998 Effective Date: July 1998 Format No.: 6365 Record Type: 1 of 1 Activity No.: DB9 36B
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Item Number	From-To	Size	Field Char.	Field Description
1	1-2	2	N/R	District Number
				The two digit number for the district in which the staff member is currently employed. For employees who serve multiple districts, this is the fiscal agent district number. Also, the district number is for the district submitting the inservice education component. See <u>DOE Information Data Base Requirements: Volume II - Automated Staff Information System</u> , Appendix B, for acceptable codes.
2	3-6	4	N/R	School Number, Primary/Home
				The state assigned four digit school number (0001-9899) which indicates the primary administrative reporting unit to which the individual is assigned.
3	7-16	10	A/N/L	Social Security Number
				The number assigned to an individual by the Social Security Administration (left justified).
4	17-17	1	N	Survey Period Code - Always '5'
5	18-21	4	N	Fiscal Year
				The state fiscal year running from July 1 through June 30 for which the reported data are applicable. Example: 8788 Fiscal year July 1, 1987 through June 30, 1988

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Item Number	From-To	Size	Field Char.	Field Description								
6	22-29	8	N	Inservice Education, Component Number A code which identifies each component from the district Master Inservice Plan. See <u>DOE Information Data Base Requirements: Volume II -- Automated Staff Information System</u> , Appendix D, for acceptable codes.								
7	30-35	6	A/N	Filler								
8	36-38	3	N/R	Inservice Education, Participation Hours The number of hours of participation in each inservice component. Example: (XXX) 060 = 60 participation hours NOTE: Participation hours must be greater than zero and must not exceed 120 hours.								
9	39-39	1	A	Inservice Education, Completion Status The participant's completion status for the inservice component being reported. <table style="margin-left: 40px;"> <thead> <tr> <th><u>Code</u></th> <th><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>The participant successfully demonstrated increased competence in 80% of the specific objectives offered in the component.</td> </tr> <tr> <td>N</td> <td>The participant did not successfully demonstrate increased competence in 80% of the specific objectives offered in the component.</td> </tr> </tbody> </table>	<u>Code</u>	<u>Definition</u>	Y	The participant successfully demonstrated increased competence in 80% of the specific objectives offered in the component.	N	The participant did not successfully demonstrate increased competence in 80% of the specific objectives offered in the component.		
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Y	The participant successfully demonstrated increased competence in 80% of the specific objectives offered in the component.											
N	The participant did not successfully demonstrate increased competence in 80% of the specific objectives offered in the component.											
10	40-43	4	A/N	Filler								
11	44-44	1	A	Transaction Code A code indicating the appropriate action to be taken with respect to the district's data base reporting records. <table style="margin-left: 40px;"> <thead> <tr> <th><u>Code</u></th> <th><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Add Record</td> </tr> <tr> <td>C</td> <td>Update Record</td> </tr> <tr> <td>D</td> <td>Delete Record</td> </tr> </tbody> </table>	<u>Code</u>	<u>Definition</u>	A	Add Record	C	Update Record	D	Delete Record
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Item Number	From-To	Size	Field Char.	Field Description
12	45-46	2	N/R	District Number, Where Inservice Completed
				The two-digit number for the district in which the staff member completed the inservice education component. See <u>DOE Information Data Base Requirements Volume II - Automated Staff Information System</u> , Appendix B, District Name Table.
13	47-54	8	A/N	Inservice Education, Component End Date
				The ending date for each inservice component being reported. MMDDYYYY 08161989 = The component was completed on August 16, 1989.
14	55-80	26	A/N	Filler