

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1997-98 July 1, 1997
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<b>Element Name: Primary Instructor Indicator</b>							
<b>Definition/Domain</b>							
A code that indicates the primary instructor for a class.							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Code</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Y</b></td> <td style="padding: 5px;">Teacher is the primary instructor for this class</td> </tr> <tr> <td style="padding: 5px;"><b>N</b></td> <td style="padding: 5px;">Teacher is not the primary instructor for this class</td> </tr> </tbody> </table>	<u>Code</u>	<u>Definition</u>	<b>Y</b>	Teacher is the primary instructor for this class	<b>N</b>	Teacher is not the primary instructor for this class	
<u>Code</u>	<u>Definition</u>						
<b>Y</b>	Teacher is the primary instructor for this class						
<b>N</b>	Teacher is not the primary instructor for this class						
<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>						
<b>Format:</b> Alphabetic	All Programs Grades PK-12 Adult Secondary Education						
<b>Compatibility Requirement:</b> Compatible	Adult Postsecondary Vocational Adult Basic Skills						
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>						
<input checked="" type="checkbox"/> State Report <input type="checkbox"/> Postsecondary Transcript <input checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> District Records Transfer <input checked="" type="checkbox"/> Permanent Record	Teacher Course DB9 15x						
<b>Data Element Number:</b> 162975	<b>Reported in Survey Periods:</b> <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 9						
<b>Revised: 7/97</b> <span style="margin-left: 100px;"><b>Volume I</b></span> <span style="margin-left: 100px;"><b>Effective: 7/98</b></span> <span style="margin-left: 100px;"><b>Page Number: 124-20</b></span>							