

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

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

**1998-99 Exceptional Student Program**

1. Submit this record in reporting periods 2 and 3 for each Exceptionality (primary and other) for which a student is eligible during the October FTE Survey Period or the February FTE Survey period.
2. KEY FIELDS: The key fields for this format are item numbers 1, 2, 3, 4, 5 and 17. If a key field needs to be changed, the record must be deleted and re-submitted as an add.

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**1998-99 EXCEPTIONAL STUDENT PROGRAM**

|   |  |  |
|---|--|--|
| <b>FIELD CHARACTERISTICS:</b><br><br>A = Alphabetic only<br>A/N = Alphanumeric<br>N = Numeric only<br>Z = Zoned Numeric<br>P = Packed decimal<br>R = Right justified<br>leading zeros<br>L = Left justified | <b>TAPE CHARACTERISTICS:</b><br><br>9 Track (odd Parity)<br>1600 or 6250 BPI, EBCDIC<br>Label Information _____<br>Record size _____<br>Block size _____ | Date: February 1998<br><br>Effective Date: July 1998<br><br>Format No.: 6489<br><br>Record Type: 1 of 1<br><br>Activity No.: DB9 12B |
|---|--|--|

| Item Number   | From-To   | Size      | Field Char.  | Field Description   |               |                   |           |  |      |   |
|---------------|---|-----------|--------------|---|---------------|-------------------|-----------|--|------|---|
| <b>1</b>      | <b>1-2</b>  | <b>2</b>  | <b>N/R</b>   | <p><b>District Number, Current Enrollment</b></p> <p>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, Appendix C</u>, for acceptable codes.</p>   |               |                   |           |  |      |   |
| <b>2</b>      | <b>3-6</b>  | <b>4</b>  | <b>A/N/R</b> | <p><b>School Number, Current Enrollment</b></p> <p>The state assigned four digit school number in which the student is officially enrolled for graduation during the current school year.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Number</u></th> <th style="text-align: left;"><u>Definition</u></th> </tr> </thead> <tbody> <tr> <td>0001-9899</td> <td>District school sites assigned a unique number in the state Master School ID File.</td> </tr> <tr> <td>N999</td> <td>DPS/MIS reporting number for out-of-state or PK-12 non-public in-state schools or home education setting.</td> </tr> </tbody> </table> | <u>Number</u> | <u>Definition</u> | 0001-9899 | District school sites assigned a unique number in the state Master School ID File. | N999 | DPS/MIS reporting number for out-of-state or PK-12 non-public in-state schools or home education setting. |
| <u>Number</u> | <u>Definition</u>   |           |              |   |               |                   |           |  |      |   |
| 0001-9899     | District school sites assigned a unique number in the state Master School ID File.                        |           |              |   |               |                   |           |  |      |   |
| N999          | DPS/MIS reporting number for out-of-state or PK-12 non-public in-state schools or home education setting. |           |              |   |               |                   |           |  |      |   |
| <b>3</b>      | <b>7-16</b>   | <b>10</b> | <b>A/N</b>   | <p><b>Student Number Identifier, Florida</b></p> <p>A code used to uniquely identify a student. The number must be maintained for all PK-12 students, adult postsecondary vocational students, adult basic skills students and adult secondary education students.</p> <p>(CONTINUED ON NEXT PAGE)</p>  |               |                   |           |  |      |   |

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|-------------|-------------------|------|-------------|--|-------------|-------------------|---|---------|---|----------|
|             |                   |      |             | <p><u>If the student has a social security number, the Student Number Identifier, Florida equals the social security number followed by a "X".</u></p> <p>nnnnnnnnX Example123456789X</p> <p>If a student <u>does not</u> have a social security number, the school district should assign a number using the common method statewide.</p> <p><u>First 2 Digits</u></p> <p>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.</p> <p><u>Last 8 Digits</u></p> <p>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.</p> <p>See Data Element Number 175625 of the <u>DOE Information Data Base Requirements: Volume I -- Automated Student Information System</u> for more information.</p> |             |                   |   |         |   |          |
| 4           | 17-17             | 1    | A/N         | <p><b>Survey Period Code</b> ←</p>   |             |                   |   |         |   |          |
|             |                   |      |             | <p>A code representing one of the state reporting periods.</p> <table border="0"> <tr> <td><u>Code</u></td> <td><u>Definition</u></td> </tr> <tr> <td>2</td> <td>October</td> </tr> <tr> <td>3</td> <td>February</td> </tr> </table>   | <u>Code</u> | <u>Definition</u> | 2 | October | 3 | February |
| <u>Code</u> | <u>Definition</u> |      |             |  |             |                   |   |         |   |          |
| 2           | October           |      |             |  |             |                   |   |         |   |          |
| 3           | February          |      |             |  |             |                   |   |         |   |          |

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|-------------|--------------|----------|-------------|---|
| <b>5</b>    | <b>18-21</b> | <b>4</b> | <b>N</b>    | <b>Fiscal Year</b><br>The state fiscal year (running from July 1 through June 30) for which the reported data are applicable.<br><br>NNNN Example: 8788 Fiscal Year July 1, 1987 through June 30, 1988  |
| <b>6</b>    | <b>22-24</b> | <b>3</b> | <b>A/N</b>  | <b>Filler</b>   |
| <b>7</b>    | <b>25-30</b> | <b>6</b> | <b>A/N</b>  | <b>Filler</b>   |
| <b>8</b>    | <b>31-36</b> | <b>6</b> | <b>A/N</b>  | <b>Filler</b>   |
| <b>9</b>    | <b>37-37</b> | <b>1</b> | <b>A</b>    | <b>Exceptional Student Placement Status</b><br>A code defining the eligibility and placement status of the exceptional student for each exceptional student program.<br><br><u>Code</u> <u>Definition</u><br>P        Determined eligible and placed<br>T        Temporarily placed<br><br>Note: The temporarily placed code (T) would be updated to P or I within six months of temporary assignment. See Rule 6A-6.0334, FAC. |
| <b>10</b>   | <b>38-41</b> | <b>4</b> | <b>A/N</b>  | <b>Filler</b>   |
| <b>11</b>   | <b>42-47</b> | <b>6</b> | <b>A/N</b>  | <b>Filler</b>   |
| <b>12</b>   | <b>48-48</b> | <b>1</b> | <b>A</b>    | <b>Transaction Code</b><br>A code indicating the appropriate action to be taken with respect to the district's data base reporting record.<br><br><u>Code</u> <u>Definition</u><br>A        Add Record<br>C        Update Record<br>D        Delete Record  |

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|--------------------------|--------------|----------|-------------|---|
| <b>13</b>                | <b>49-56</b> | <b>8</b> | <b>A/N</b>  | <b>Referral Date</b>  |
|                          |              |          |             | <p>The date the student was referred for evaluation/assessment.</p> <p>For Exceptional Student Education: The date the student was referred for evaluation to determine the student's eligibility for <u>each</u> special program.</p> <p>MMDDYYYY</p> <p>Example:       09241987 The student was referred for evaluation/assessment on September 24, 1987.</p> |
| <b>14</b>                | <b>57-64</b> | <b>8</b> | <b>A/N</b>  | <b>Evaluation Completion Date</b>   |
|                          |              |          |             | <p>The date the applicable initial evaluation procedures prescribed in Rules 6A-6.03011 through 6A-6.03026, FAC, are completed for the purpose of determining a student's eligibility for each special program.</p> <p>MMDDYYYY   Date evaluation procedures completed</p> <p>Example:       10151988 = October 15, 1988</p>                                    |
| <b>15</b>                | <b>65-72</b> | <b>8</b> | <b>A/N</b>  | <b>Exceptional Student Placement Date</b>   |
|                          |              |          |             | <p>The date the student was first enrolled in the class, course or service prescribed in the Individual Education Plan (IEP), Family Support Plan (FSP) or Education Plan (EP).</p> <p>Except for students age birth through two who have an interim FSP, placement date occurs <u>after</u>:</p>   |
| (CONTINUED ON NEXT PAGE) |              |          |             |   |

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|-------------|--------------|----------|-------------|--|
|             |              |          |             | 1) eligibility staffing;<br>2) ESE administrator or designee verifies the staffing committee's recommendation regarding students eligibility.<br>3) the development of the IEP/FSP/EP; and<br>4) parent is provided informed notice and gives written consent.<br><br>MMDDYYYY<br>Example: 03251987      The student was placed in the program on March 25, 1987   |
| <b>16</b>   | <b>73-80</b> | <b>8</b> | <b>A/N</b>  | <b>Exceptional Student Eligibility Determination Date</b>  |
|             |              |          |             | The date the eligibility or ineligibility determination for each ESE program was verified by the ESE administrator or designee. This occurs after eligibility staffing that is documented by a staffing report in which the staffing committee made a recommendation regarding the student's eligibility or ineligibility.<br><br>MMDDYYYY      Date eligibility determination<br>Example:      10011986 = October 1, 1986 |
| <b>17</b>   | <b>81-81</b> | <b>1</b> | <b>A</b>    | <b>Exceptionality</b>  |
|             |              |          |             | A code to identify each exceptionality including the primary exceptionality and all other exceptionalities for any child or youth enrolled in or eligible for enrollment in the public schools of a district who requires special<br><br><br><br><br><br><br><br><br><br>(CONTINUED ON NEXT PAGE)  |

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|-------------|---------------------------------|-----------|-------------|--|-------------|-----------------------|---|-------------------------------|---|--------------------------------|---|-------------------------|---|----------------------|---|------------------|---|-----------------|---|-------------------|---|-------------------------|---|-------------------|---|-------------------------|---|----------------------------|---|--------|---|--------------------|---|---------------------------------|---|-----------------------|---|----------|---|--------------------------------|---|-------------------------|---|-------------------------|---|------------------------|---|-----------------------|---|----------------|
|             |                                 |           |             | <p>instruction of related services to take full advantage of or respond to educational programs and opportunities because of a physical, mental, emotional, social or learning exceptionalty. The codes to be used follow:</p> <table data-bbox="683 569 1338 1423"> <thead> <tr> <th><u>Code</u></th> <th><u>Exceptionality</u></th> </tr> </thead> <tbody> <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>D</td><td>Occupational Therapy</td></tr> <tr><td>E</td><td>Physical Therapy</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> </tbody> </table> | <u>Code</u> | <u>Exceptionality</u> | 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 | 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 |
| <u>Code</u> | <u>Exceptionality</u>           |           |             |  |             |                       |   |                               |   |                                |   |                         |   |                      |   |                  |   |                 |   |                   |   |                         |   |                   |   |                         |   |                            |   |        |   |                    |   |                                 |   |                       |   |          |   |                                |   |                         |   |                         |   |                        |   |                       |   |                |
| 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         |           |             |  |             |                       |   |                               |   |                                |   |                         |   |                      |   |                  |   |                 |   |                   |   |                         |   |                   |   |                         |   |                            |   |        |   |                    |   |                                 |   |                       |   |          |   |                                |   |                         |   |                         |   |                        |   |                       |   |                |
| 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                  |           |             |  |             |                       |   |                               |   |                                |   |                         |   |                      |   |                  |   |                 |   |                   |   |                         |   |                   |   |                         |   |                            |   |        |   |                    |   |                                 |   |                       |   |          |   |                                |   |                         |   |                         |   |                        |   |                       |   |                |
| <b>18</b>   | <b>82-160</b>                   | <b>79</b> | <b>A/N</b>  | <b>Filler</b>  |             |                       |   |                               |   |                                |   |                         |   |                      |   |                  |   |                 |   |                   |   |                         |   |                   |   |                         |   |                            |   |        |   |                    |   |                                 |   |                       |   |          |   |                                |   |                         |   |                         |   |                        |   |                       |   |                |