

**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 1998-99 July 1, 1998
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<b>Element Name:</b> <b>Alternate Assessment Administered</b>											
<b>Definition/Domain</b>											
<p>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:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Y</td> <td style="padding: 5px;">Yes, an alternate assessment was/will be administered.</td> </tr> <tr> <td style="padding: 5px;">N</td> <td style="padding: 5px;">No assessment administered.</td> </tr> <tr> <td style="padding: 5px;">P</td> <td style="padding: 5px;">Student took partial or total FCAT and an alternate assessment.</td> </tr> <tr> <td style="padding: 5px;">Z</td> <td style="padding: 5px;">Student took statewide FCAT or student is in grade other than 3-10.</td> </tr> </tbody> </table> <p style="margin-top: 20px;">NOTE:   This element is to be used only for students with disabilities. Students identified as gifted only must be coded Z.</p>		<u>CODE</u>	<u>DEFINITION</u>	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.
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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.										
<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>										
<b>Format:</b> Alphabetic	Exceptional Student Education Grades 3-10										
<b>Compatibility Requirement:</b> Compatible											
<b>Use Types:</b> <input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> F.A.S.T.E.R.	<b>State Reporting Formats Requiring This Data Element:</b>										
<b>Data Element Number:</b> 102125	Exceptional Student DB9 23x										
	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9										
<b>Revised:</b> 10/03 <b>Bulletin</b> 03-005 <b>Volume I</b>	<b>Effective:</b> 7/03 <b>Page Number:</b> 9-125										