

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

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| Implementation Date: Fiscal Year 1997-98 July 1, 1997 |
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| Element Name: Exceptionality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------|---------------------------------|-------------|-----------------------|---|-------------------------------|---|--------|---|--------------------------------|---|--------------------|---|-------------------------|---|---------------------------------|---|----------------------|---|-----------------------|---|------------------|---|----------|---|-----------------|---|--------------------------------|---|-------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------|---|------------------------|---|-------------------------|---|-----------------------|---|----------------------------|---|----------------|
| Definition/Domain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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 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. The codes to be used follow:</p> <table border="0"> <thead> <tr> <th><u>CODE</u></th> <th><u>EXCEPTIONALITY</u></th> <th><u>CODE</u></th> <th><u>EXCEPTIONALITY</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Educable Mentally Handicapped</td> <td>L</td> <td>Gifted</td> </tr> <tr> <td>B</td> <td>Trainable Mentally Handicapped</td> <td>M</td> <td>Hospital/Homebound</td> </tr> <tr> <td>C</td> <td>Orthopedically Impaired</td> <td>N</td> <td>Profoundly Mentally Handicapped</td> </tr> <tr> <td>D</td> <td>Occupational Therapy</td> <td>O</td> <td>Dual-Sensory Impaired</td> </tr> <tr> <td>E</td> <td>Physical Therapy</td> <td>P</td> <td>Autistic</td> </tr> <tr> <td>F</td> <td>Speech Impaired</td> <td>Q</td> <td>Severely Emotionally Disturbed</td> </tr> <tr> <td>G</td> <td>Language Impaired</td> <td>S</td> <td>Traumatic Brain Injured</td> </tr> <tr> <td>H</td> <td>Deaf or Hard of Hearing</td> <td>T</td> <td>Developmentally Delayed</td> </tr> <tr> <td>I</td> <td>Visually Impaired</td> <td>U</td> <td>Established Conditions</td> </tr> <tr> <td>J</td> <td>Emotionally Handicapped</td> <td>V</td> <td>Other Health Impaired</td> </tr> <tr> <td>K</td> <td>Specific Learning Disabled</td> <td>Z</td> <td>Not Applicable</td> </tr> </tbody> </table> | | <u>CODE</u> | <u>EXCEPTIONALITY</u> | <u>CODE</u> | <u>EXCEPTIONALITY</u> | A | Educable Mentally Handicapped | L | Gifted | B | Trainable Mentally Handicapped | M | Hospital/Homebound | C | Orthopedically Impaired | N | Profoundly Mentally Handicapped | D | Occupational Therapy | O | Dual-Sensory Impaired | E | Physical Therapy | P | Autistic | F | Speech Impaired | Q | Severely Emotionally Disturbed | G | Language Impaired | S | Traumatic Brain Injured | H | Deaf or Hard of Hearing | T | Developmentally Delayed | I | Visually Impaired | U | Established Conditions | J | Emotionally Handicapped | V | Other Health Impaired | K | Specific Learning Disabled | Z | Not Applicable |
| <u>CODE</u> | <u>EXCEPTIONALITY</u> | <u>CODE</u> | <u>EXCEPTIONALITY</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Educable Mentally Handicapped | L | Gifted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Trainable Mentally Handicapped | M | Hospital/Homebound | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Orthopedically Impaired | N | Profoundly Mentally Handicapped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Occupational Therapy | O | Dual-Sensory Impaired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Physical Therapy | P | Autistic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Speech Impaired | Q | Severely Emotionally Disturbed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Language Impaired | S | Traumatic Brain Injured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Deaf or Hard of Hearing | T | Developmentally Delayed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Visually Impaired | U | Established Conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Emotionally Handicapped | V | Other Health Impaired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | Specific Learning Disabled | Z | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length: 1 | Grades and Programs Requiring This Data Element: Exceptional Student Education Grades PK-12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Format: Alphabetic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compatibility Requirement: State Standard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Types: <input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> F.A.S.T.E.R. | State Reporting Formats Requiring This Data Element: Exceptional Student Program DB9 12x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Data Element Number: 118400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reported in Survey Periods: <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revised: 10/01 | Volume I Effective: 7/04 Page Number: 77-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |