

**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 1994-95 July 1, 1994
--

<b>Element Name:</b> Federal/State Project - Support Services																													
<b>Definition/Domain</b>																													
<p>This data element is used to record the type(s) of Title 1 or Title 1 Migrant funded support services provided to any Title 1 Basic, Title 1 Migrant or State Migrant participants. Codes consist of one-character fields which may occur a maximum of four times. Allowable support services codes are as follows:</p> <table border="0"> <thead> <tr> <th><u>CODE</u></th> <th><u>DEFINITION</u></th> <th><u>CODE</u></th> <th><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td><b>A</b></td> <td>Attendance, Guidance, Psychological Services</td> <td><b>S</b></td> <td>Social Work</td> </tr> <tr> <td><b>D</b></td> <td>Dental Services</td> <td><b>T</b></td> <td>Transportation</td> </tr> <tr> <td><b>H</b></td> <td>Health Services</td> <td><b>X</b></td> <td>Needs Assessment</td> </tr> <tr> <td><b>N</b></td> <td>Nutrition</td> <td><b>Z</b></td> <td>Not Applicable</td> </tr> <tr> <td><b>O</b></td> <td>Outreach, Advocacy</td> <td></td> <td></td> </tr> <tr> <td><b>R</b></td> <td>At-risk</td> <td></td> <td></td> </tr> </tbody> </table> <p>Examples:</p> <p><b>AHZZ</b> Student received support services in Guidance and Health</p> <p><b>ZZZZ</b> Not applicable. (Student did not receive support services.)</p>		<u>CODE</u>	<u>DEFINITION</u>	<u>CODE</u>	<u>DEFINITION</u>	<b>A</b>	Attendance, Guidance, Psychological Services	<b>S</b>	Social Work	<b>D</b>	Dental Services	<b>T</b>	Transportation	<b>H</b>	Health Services	<b>X</b>	Needs Assessment	<b>N</b>	Nutrition	<b>Z</b>	Not Applicable	<b>O</b>	Outreach, Advocacy			<b>R</b>	At-risk		
<u>CODE</u>	<u>DEFINITION</u>	<u>CODE</u>	<u>DEFINITION</u>																										
<b>A</b>	Attendance, Guidance, Psychological Services	<b>S</b>	Social Work																										
<b>D</b>	Dental Services	<b>T</b>	Transportation																										
<b>H</b>	Health Services	<b>X</b>	Needs Assessment																										
<b>N</b>	Nutrition	<b>Z</b>	Not Applicable																										
<b>O</b>	Outreach, Advocacy																												
<b>R</b>	At-risk																												
<b>Length:</b> 4	<b>Grades and Programs Requiring This Data Element:</b>																												
<b>Format:</b> Alphanumeric	All Programs Grades PK-12																												
<b>Compatibility Requirement:</b> Compatible																													
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>																												
<input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> F.A.S.T.E.R.	Federal/State Compensatory Project Evaluation DB9 18x																												
<b>Data Element Number:</b> 122160	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 9																												
<b>Revised:</b> 10/01	<b>Volume I Effective: 7/04 Page Number: 84-9</b>																												