

**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 1991-92 July 1, 1991 |
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| Element Name: English Language Learners: Post Reclassification Dates | | | | | | | | | | | |
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| Definition/Domain | | | | | | | | | | | |
| <p>Each date that the former ELL's performance has been reviewed to ensure parity of participation once the student has been classified as English proficient. These reviews shall take place automatically at the student's first report card and semiannually during the first year after exiting the program, and at the end of the second year, in accordance with Rule 6A-6.0903, FAC.</p> <table border="0"> <thead> <tr> <th align="center"><u>CODE</u></th> <th align="center"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td align="center">AMMDDYYYY</td> <td>First Report Card</td> </tr> <tr> <td align="center">BMMDDYYYY</td> <td>First Semiannual Review</td> </tr> <tr> <td align="center">CMMDDYYYY</td> <td>Second Semiannual Review</td> </tr> <tr> <td align="center">DMMDDYYYY</td> <td>End of the Second Year</td> </tr> </tbody> </table> <p align="center">Example: A01181991 = First Report Card on January 18, 1991</p> | | <u>CODE</u> | <u>DEFINITION</u> | AMMDDYYYY | First Report Card | BMMDDYYYY | First Semiannual Review | CMMDDYYYY | Second Semiannual Review | DMMDDYYYY | End of the Second Year |
| <u>CODE</u> | <u>DEFINITION</u> | | | | | | | | | | |
| AMMDDYYYY | First Report Card | | | | | | | | | | |
| BMMDDYYYY | First Semiannual Review | | | | | | | | | | |
| CMMDDYYYY | Second Semiannual Review | | | | | | | | | | |
| DMMDDYYYY | End of the Second Year | | | | | | | | | | |
| Length: 9 | Grades and Programs Requiring This Data Element: | | | | | | | | | | |
| Format: Alphanumeric | All Programs Grades K-12 | | | | | | | | | | |
| Compatibility Requirement: Compatible | | | | | | | | | | | |
| Use Types: | State Reporting Formats Requiring This Data Element: | | | | | | | | | | |
| <input type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> F.A.S.T.E.R. <input type="checkbox"/> Migrant Tracking | None | | | | | | | | | | |
| Data Element Number: 144155 | Reported in Survey Periods: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9 | | | | | | | | | | |
| Revised: | Volume I Effective: 7/10 Page Number: 113-1 | | | | | | | | | | |