

2008-2009 DATA COLLECTION FORM for STUDENTS WITH DISABILITIES

Student Name: _____ Birthdate: _____ District of Residence: _____
 Student ID: _____ Grade Level: _____ District of Attendance: _____
 Disability Category: _____ Disability Start Date: _____ Building of Attendance: _____

A. Date Type Codes:

Special Ed Dept Approved

Code	Description	Event Date	Outcome ID:	Start Date	End Date	Non-compliance ID:
PSTC	Preschool Transition Conference Date		---	---	---	---
RFRL	Referral for Evaluation Date		---	---	---	---
CNST	Parent/Guardian Consent for Eval Date			---	---	---
IETR	Eval Team Report Completion Date – Initial			---	---	
IIEP	Ind Educ Prog (IEP) Comp Date – Initial					
RETR	Eval Team Report Completion Date – Reeval			---	---	
RIEP	Ind Educ Prog (IEP) Comp Date – Per Rw					
TETR	Transfer Student ETR Adoption Date					---
TIEP	Transfer Student IEP Adoption Date					---

B. Primary Service Code (Least Restrictive Environment 210xxx OR Early Childhood Delivery Option 217xxx): _____

C. Secondary Planning Element (Transition Plan reported for students 16 years or older by June 1, 2008): _____

211100 Trans Plan in Place
 211105 No Trans Plan in Place

D. Related Services (including **Preschool Itinerant Services**, if applicable) and corresponding start/end dates

F. Testing: Achievement, Ohio Graduation, Diagnostic

Testing Coordinator Approved

IEP Required Test Type: _____

Subject Areas	Test Level to be Administered	Date of Test (month/year)	Grade Level When Tested	Type of Test Assessment	Testing Accommodations	Required for Graduation?
Reading						
Writing						
Math						
Science						
Citizenship						

District Representative Signature: _____ **Date:** _____