SIMS (Student Information Management System) Required Data Elements

Student Name:

Effective Date of Services:

Purpose of Meeting
- ☐ Initial Eligibility, IEP Placement
- ☐ Change (complete date and area the changed)
- ☐ Three Year Reevaluation
- ☐ Dismissal from Service Date:

Special Education Placement Category Circle One

School Age 6-21	Preschool-ages 3-5
0100-General Classroom w/modifications 80-100%	**0310**-EC 10 hours +, services in EC program 80-100%
0110-Resource Room 40-79%	**0315**- EC 10 hours +, services in other location
0120-Self Contained classroom 0-39%	**0325**- EC less than 10 hours, services in EC
0130-Separate Day School	**0330**- EC less than 10 hours, services in other location
0140-Residential facility	**0335**-Separate class
0150-Home/Hospital program	**0345**-Separate school
	0355-Residential facility
	0365- Home
	0375-Service provider location

Special Education Primary Disability Areas

(Please circle one)
- **0500**- Deaf-Blind
- **0505**- Emotionally Disturbed
- **0510**- Cognitive Disability
- **0515**- Hearing Loss
- **0525**-Specific Learning Disabled
- **0530**- Multiple Disabilities
- **0535**- Orthopedic Impairments
- **0540**- Vision Loss
- **0545**- Deafness
- **0550**-Speech/Language Impairments
- **0555**-Other Health Impaired
- **0560**-Autism
- **0565**- Traumatic Brain Injury
- **0570**-Developmentally Delayed

Special Education Services:

(Please indicate the number of hours or exit date)

Physical Therapy _____
Recreational Therapy_____
Audiological Services _____
Speech Language Therapy _____
Occupational Therapy _____
Psychological Services _____
School Nurse Services _____
Orientation & Mobility Services _____
Counseling Services _____
Social Work Servcices _____
Other Therapy Services _____
(Medical Counseling/ Training and Other

Instruction Program Type

(This is determined by the coding used for the Cost Analysis completed by business manager or special ed director)

(Please circle one)
- A. Program for Mild to Moderate Disabilities
- B. Program for Severe Disabilities
- C. Speech Only
- D. Early Childhood (ages 3-5)
- E. Day Program
- F. Residential Program
- G. Homebound Program

Multiple Disability Areas:
- **0505**- Emotionally Disturbed
- **0510**- Cognitive Disability
- **0515**- Hearing Loss
- **0525**-Specific Learning Disabled
- **0530**- Multiple Disabilities
- **0535**- Orthopedic Impairments
- **0540**- Vision Loss
- **0545**- Deafness
- **0550**-Speech/Language Impairments
- **0555**-Other Health Impaired
- **0560**-Autism
- **0565**- Traumatic Brain Injury
- **0570**-Developmentally Delayed

Multiple Disability 1 _____
Multiple Disability 2 _____
Multiple Disability 3 _____
Multiple Disability 4 _____
Multiple Disability 5 _____

Assistive Technology Yes / No
Transportation Yes / No
Significant Cognitive Disability (coded by SD DOE)

IEP Program Exit Reason
- 01- No longer received Sped Services
- 02- Graduated with regular high school diploma
- 03- Received a certificate
- 04- reached maximum age
- 05- Died
- 06- Moved known to be continuing
- 07-Moved not known to be continuing
- 08- Dropped out
- 09- Refused Services
- 10- Completed ISFP prior to reaching maximum age for Part C
- 11- Change in IEP
- 12- Student continues