

Special Education Data Reporting Enrollment Sheet

Student Name:	SIMS #
Effective Date:	End Date (or date change takes effect):
<p>Special Education Placement Category Circle One</p> <p><u>School Age 6-21</u></p> <p>0100-General Classroom w/modifications 80-100%</p> <p>0110-Resource Room 40-79%</p> <p>0120-Self Contained classroom 0-39%</p> <p>0130-Separate Day School</p> <p>0140-Residential facility</p> <p>0150-Home/Hospital program</p> <p><u>Preschool-ages 3-5</u></p> <p>0310-EC 10 hours +, services in Reg EC</p> <p>0315- EC 10 hours +, services in other location</p> <p>0325- EC less than 10 hours, services in Reg EC</p> <p>0330- EC less than 10 hours, services in other location</p> <p>0335-Special Education Class</p> <p>0345-Separate school</p> <p>0355-Residential facility</p> <p>0365- Home</p> <p>0375-Service provider location</p>	<p>Instruction Program Type</p> <p>(This is determined by the coding used for the Cost Analysis completed by business manager or special ed director)</p> <p>(Please circle one)</p> <p>A. Mild to Moderate Disabilities</p> <p>B. Severe Disabilities</p> <p>C. Speech Only</p> <p>D. Early Childhood (ages 3-5)</p> <p>E. Day Program</p> <p>F. Residential Program</p> <p>G. Homebound Program</p>
<p>Special Education Services:</p> <p>(Please indicate the number of <u>hours per week</u>)</p> <p>Physical Therapy _____</p> <p>Recreational Therapy _____</p> <p>Audiological Services _____</p> <p>Occupational Therapy _____</p> <p>Speech Language Therapy _____</p> <p>School Nurse Services _____</p> <p>Psychological Services _____</p> <p>Orientation & Mobility Services _____</p> <p>Counseling Services _____</p> <p>Social Work Services _____</p> <p>Other Therapy Services _____</p> <p>(Medical Counseling/ Training and Other)</p>	<p>Special Education Primary Disability Areas</p> <p>(Please circle one)</p> <p>0500- Deaf-Blindness</p> <p>0505- Emotional Disturbance</p> <p>0510- Cognitive Disability</p> <p>0515- Hearing Loss</p> <p>0525- Specific Learning Disability</p> <p>0530- Multiple Disabilities</p> <p>0535- Orthopedic Impairment</p> <p>0540- Vision Loss</p> <p>0545- Deafness</p> <p>0550- Speech/Language Disorder</p> <p>0555- Other Health Impaired</p> <p>0560- Autism Spectrum Disorder</p> <p>0565- Traumatic Brain Injury</p> <p>0570- Developmental Delay</p>
<p>Participates in Alt. Assessment Yes/No</p> <p>Transportation Yes / No</p> <p>Assistive Technology Yes / No</p>	<p>Multiple Disability Areas:</p> <p>*Cannot use 500 – Deaf-Blind</p> <p>*Don't include 0550 – Speech/Language if it is only a related service</p> <p>Multiple Disability1 _____</p> <p>Multiple Disability 2 _____</p> <p>Multiple Disability 3 _____</p> <p>Multiple Disability 4 _____</p> <p>Multiple Disability 5 _____</p>
<p>IEP Program Exit Reason</p> <p>(Make sure this matches the exit code on the general enrollment record if it ends the entire enrollment)</p> <p>1- Not receiving Sped Services</p> <p>2- Graduated with regular high school diploma</p> <p>03 – Graduated (IEP Team Modified Diploma)</p> <p>4- Reached maximum age</p> <p>5- Died</p> <p>6- Moved known to be continuing</p> <p>7- Moved not known to be continuing</p> <p>8- Dropped out</p> <p>9- Refused Services</p> <p>10- ISFP done prior to max age for Part C</p> <p>11- Change in IEP</p> <p>12- Student continues</p>	<p>For students eligible as Autism Spectrum Disorder:</p> <p>ASD Severity Behaviors Level</p> <p>1 - Requiring support</p> <p>2 - Requiring substantial support</p> <p>3 - Requiring very substantial support</p> <p>ASD Severity Communication Level</p> <p>1 - Requiring support</p> <p>2 - Requiring substantial support</p> <p>3 - Requiring very substantial support</p>