

Special Education Data Reporting Enrollment Sheet (8.2020)

Student Name:	SIMS #
Effective Date:	End Date (or date change takes effect):
<p>Special Education Placement Category (Circle One) <u>School Age 6-21 and 5-year olds enrolled in Junior Kindergarten and Kindergarten</u> 0100 – General Classroom w/Modifications 80-100% 0110 – Resource Room 40-79% 0120 – Self Contained Classroom 0-39% 0130 – Separate Day School 0140 – Residential Facility 0150 – Home/Hospital Program</p> <p>Preschool Age 3-5 (Except 5-year olds in Junior Kindergarten and Kindergarten-use 0100 Codes) 0310 – EC 10 hours +, services in Reg EC 0315 – EC 10 hours +, services in other location 0325 – EC less than 10 hours, services in Reg EC 0330 – EC less than 10 hours, services in other location 0335 – Special Education Class 0345 – Separate School 0355 – Residential Facility</p>	<p>Instruction Program Type (Circle One) (This is determined by the coding used for the Cost Analysis completed by business manager or special ed director) A. Mild to Moderate Disabilities B. Severe Disabilities C. Speech Only D. Early Childhood (ages 3-5 except 5-year olds in Junior Kindergarten and Kindergarten) E. Day Program F. Residential Program</p>
<p>IEP Program Exit Reason (Make sure this matches the exit code on the general enrollment record if it ends the entire enrollment) 1. Not Receiving Sped Services 2. Graduated with Regular High School Diploma 3. Continues – Completed IEP Team Modified Course Requirements 4. Reached Maximum Age 5. Died 6. Moved Known to be Continuing 7. Moved Not Known to be Continuing 8. Dropped Out 9. Refused Services 10. ISFP Done Prior to Max Age for Part C 11. Change in IEP 12. Student Continues 13. Discontinued Education – Completed IEP team Modified 14. Aged Out - Completed IEP team Modified 15. Revocation of Consent - Completed IEP team Modified</p>	<p>Special Education Primary Disability Areas (Circle One) 0500 – Deaf-Blindness 0505 – Emotional Disturbance 0510 – Cognitive Disability 0515 – Hearing Loss 0525 – Specific Learning Disability 0530 – Multiple Disabilities 0535 – Orthopedic Impairment 0540 – Vision Loss 0545 - Deafness 0550 – Speech/Language Disorder 0555 – Other Health Impaired 0560 – Autism Spectrum Disorder 0565 – Traumatic Brain Injury 0570 – Developmental Delay</p>
<p>Special Education Services: (Please Indicate the Number of <u>Hours per Week</u>) Physical Therapy _____ Recreational Therapy _____ Audiological Services _____ Occupational Therapy _____ Speech Language Therapy _____ School Nurse Services _____ Psychological Services _____ Orientation & Mobility Services _____ Counseling Services _____ Social Work Services _____ Other Therapy Services _____ (Medical Counseling/Training and Other)</p>	<p>Multiple Disability Areas: *Cannot Use 500 – Deaf-Blind *Don't Include 0550 – Speech/Language if it is only a related service</p> <p>Multiple Disability 1 _____ Multiple Disability 2 _____ Multiple Disability 3 _____ Multiple Disability 4 _____ Multiple Disability 5 _____</p>
	<p>For Students Eligible as Autism Spectrum Disorder <u>ASD Severity Behavior Level</u> 1- Requiring Support 2- Requiring Substantial Support 3- Requiring Very Substantial Support</p> <p><u>ASD Severity Communication Level</u> 1- Requiring Support 2- Requiring Substantial Support 3- Requiring Very Substantial Support</p>
	<p>Participates in Alt. Assessment: Yes/No Transportation: Yes/No Assistive Technology: Yes/No</p>

More information regarding coding, access the Student Data Collections Desk Guide: <https://doe.sd.gov/ofm/sims.aspx>