

Cohort Site TCID Name
Preliminary Questions DOB Race

Is This Child the Sibling of a Target Child? [Enter y for yes and n for no]

What type of school did the child attend this past school year?

Child's Grade [Enter the grade then press the Enter key]

Select the Name of the School

Academic Year

Collector's ID [Enter your collector ID then press the Enter key]

Today's Date

Course Grades

School Attendance [Enter the number of days then press the Enter key]

Math

Language Arts

Social Studies

Science

Number of days absent

Number of days tardy

Number of days enrolled

Is the attendance record complete? [Enter y for yes and n for no]

Name of achievement test used _____

End of Grade Testing (Durham Only)

Reading Scale Score _____

Math Scale Score _____

[Enter the score then press the Enter key]

Total Percentile Scores (All Other Sites)

Language: Total Percentile _____

Math: Total Percentile _____

[Enter the score then press the Enter key]

Is child repeating a grade in the current year? _____ [Enter y for yes and n for no]

Number of school building transitions since the end of last school year _____ [Enter the number of transitions, then press the Enter key]

Does the child have a current IEP? _____ [Enter y for yes and n for no]

Current Disability/Classification [Check all that apply]

- Mentally Retarded (MR)
- Learning Disabled (LD)
- Severely Behaviorally Disordered (SBD)
Severely Emotionally Disordered (SED)
Behaviorally/Emotionally Handicapped (BEH)
- Orthopedically Impaired
- Other Health Impaired (OHI)
like ADHD, Epilepsy, Brain Impairment
- Speech/Language Impaired (SLI)
- Talented and Gifted (TAG)
- Current Disability/Classification Missing

Date of most recent IEP _____ [Enter MONTH, DAY & YEAR _____
Using two-digit numbers for each]

Current Level of Service [USE MARK'S FORMULA FOR CALCULATING THE NUMBER OF MINUTES PER WEEK.]

- Regular Ed with Resource _____ [Enter the number of minutes then press the Enter key]
- Special Ed Resource _____ [Enter the number of minutes then press the Enter key]
- Separate or Self-Contained _____ [Enter the number of minutes then press the Enter key]
- Consultation/Counseling _____ [Enter the number of minutes then press the Enter key]

Total Number of Minutes Per Week with Services _____

Has the child been declared to no longer require special education services? _____
[Enter y for yes or n for no]