

Student Data and State Reporting Form for Special Education

 Last Name: _____ First Name: _____ MI: _____
 State ID #: _____ DOB: _____ Gender: ☐ M ☐ F SSN#: _____

Type of IEP: ☐ New/Initial ☐ Annual ☐ Re-Evaluation ☐ Other _____

Most Recent Evaluation Date: ____/____/____ Current IEP Date: ____/____/____ Grade Level: _____

Special Education Start Date: ____/____/____ Case Manager: _____

*Was student enrolled in SPED, even at a different school, at the end of the last school year? ☐ Yes ☐ No

No

Student has current IEP recommending service ☐ Yes ☐ No

Race: ☐ Caucasian ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pac Islander

Ethnicity: Is the student Hispanic or Latino? ☐ Yes ☐ No

Medicaid: ☐ Yes ☐ No **Written Parent Consent for Medicaid and/or Private Insurance**

____/____/____

Parental Consent For Medicaid scanned into SEAS: ☐ YES ☐ NO Date Sent: ____/____/____

Special Education Indicator: ☐ (Y) Student with Disabilities ☐ (N) Gifted Only Student

☐ CEIS-Date of Referral for Special Education (Sped Event 6) ____/____/____

☐ Did Not Qualify

Primary Disability: ☐ NA Not a student with a disability ☐ AU Autistic ☐ DB Deaf/Blind

☐ DD Developmentally Delayed ☐ ED Emotionally Disturbed ☐ HI Hearing Impaired

☐ MD Multi-Disabilities ☐ OHI Other Health Impaired ☐ OI Orthopedically Impaired

☐ SL Speech/Language Impaired ☐ SLD Specific Learning Disabled ☐ TB Traumatic Brain Injury

☐ VI Visually Impaired ☐ ID Intellectual Disability

Disability Primary Cause Code: Must correspond to eligibility determination Indicate (P) for Primary and (S) for Secondary in the blank if dual-eligibility is indicated by the Eligibility Determination Team. If a tertiary or quaternary disability is identified, list as (T) or (Q). Must match MDT determination.

☐ (A1) Down's Syndrome ☐ (A2) Trisomy 13 ☐ (A3) Usher's ☐ (A4) Other Syndrome ☐ (B1) CHARGE Syndrome ☐ (B2) Fetal Alcohol Syndrome ☐ (B3) Hydrocephaly ☐ (B4) Maternal Drug Use ☐ (B5) Microcephaly ☐ (B6) Other Multiple Congenital Anomalies ☐ (C1) Prematurity as sole cause ☐ (D2) Herpes ☐ (D3) Rubella ☐ (D4) Syphilis ☐ (D5) Toxoplasmosis ☐ (D6) Other Congenital Prenatal Dysfunction ☐ (E1) Asphyxia ☐ (E2) Encephalitis ☐ (E3) Head Injury/Trauma ☐ (E4) Meningitis ☐ (E5) Stroke ☐ (E6) Other Postnatal Cause ☐ (F1) Other Cause Not Listed ☐ (F2) Dyslexia-Use with Primary Disability Code SLD

***If student is deaf or hard of hearing (Sped Event 4) or student is blind or visually impaired**

(Sped Event 5), was a Communication Consideration Form completed at their IEP? _____ Date: ____/____/____

***If student has a vision and hearing impairment, select where student lives:**

» Birth/Adoptive Parents » Extended Family » Foster Parents » State Residential Facility » Private Residential Facility » Group Home Less than 6 » Group Home 6 or More » Apartment, with non-family person » Other

Special Education Referral Code:

» **C-** Child served Part C (Birth to 3) and referred to Part B (Age 3-21) for eligibility determination
» **F-** Child referred thru Child Find (Not receiving Part C Services)

Initial Evaluation Only:

SPP11 Child Find-60 Day Timeline

(30) Part B-Parent Consent Initial Evaluation Only ____/____/____
(31) Part B-Initial Evaluation ____/____/____
(32) Part B-Initial MDT Eligibility Determination-YES ____/____/____
(33) Part B-Initial MDT Eligibility Determination-NO ____/____/____
(34) Part B-Initial IEP Date ____/____/____

SPP12 Early Childhood Transition from Part C to B

(18) Part C to B-Date Referral Received from Part C ____/____/____
(20) Part C to B 90 Day Transition Conference ____/____/____
(21) Part C to B Eligibility Determination-YES ____/____/____
(22) Part C to B Initial Placement IEP or IFSP ____/____/____
(23) Part C to B IEP Implementation ____/____/____
(24) Part C to B Eligibility Determination-NO ____/____/____
(30) Part B-Parent Consent Initial Evaluation Only ____/____/____
(31) Part B-Initial Evaluation ____/____/____
(34) Part B-Initial IEP Date ____/____/____

Percentage of Special Education Received:

» (1) Less than 10% of the day
» (2) 11% to 49% of the day
» (3) 50% of the day or more, but not a full day
» (4) Up to a full day or grade 3Y/4Y

Early Childhood Outcomes 3Y/4Y:

» 3 Year Old Participating in Early Childhood 3Y Program Start Date: ____/____/____
» 4 Year Old Participating in Early Childhood 4Y Program Start Date: ____/____/____

***Early Childhood Outcome Entry Assessments must be administered within 30 days of**

start date of program

▶▶ Social Emotional Entry 3Y/4Y Test Date: ____/____/____

▶▶ Language Acquisition Entry 3Y/4Y Test Date: ____/____/____

▶▶ Behavior Entry 3Y/4Y Test Date: ____/____/____

***Exit Assessments must be done prior to end of year**

▶▶ Social Emotional Exit 3Y/4Y Test Date: ____/____/____

▶▶ (A) Did not improve functioning

▶▶ (B) Improved Functioning, but not sufficient to move nearer to functioning

comparable to same-aged peers

▶▶ (C) Improved functioning to a level nearer to same-aged peers and acquired new skills, but did not reach it

▶▶ (D) Improved functioning to a level comparable to same-age peers

▶▶ (E) Maintained functioning at a level comparable to same-aged peers

▶▶ Language Acquisition Exit 3Y/4Y Test Date: ____/____/____

▶▶ (A) Did not improve functioning

▶▶ (B) Improved Functioning, but not sufficient to move nearer to functioning

comparable to same-aged peers

▶▶ (C) Improved functioning to a level nearer to same-aged peers and acquired new skills, but did not reach it

▶▶ (D) Improved functioning to a level comparable to same-age peers

▶▶ (E) Maintained functioning at a level comparable to same-aged peers

▶▶ Behavior Exit 3Y/4Y Test Date: ____/____/____

▶▶ (A) Did not improve functioning

▶▶ (B) Improved Functioning, but not sufficient to move nearer to functioning

comparable to same-aged peers

▶▶ (C) Improved functioning to a level nearer to same-aged peers and acquired new skills, but did not reach it

▶▶ (D) Improved functioning to a level comparable to same-age peers

▶▶ (E) Maintained functioning at a level comparable to same-aged peers

Scoring Model Code:

▶▶ Brigrance ▶▶ Creative Curriculum ▶▶ Work Sampling ▶▶ Petition to NMPED ▶▶ Dual

Discrepancy Model Assessment ► NM Pre-K Observational Assessment

Primary Setting Code:

Early Childhood Settings (Ages 3-5) ► (EC04) Homebound (Use Location Code 998) ► (EC05) Public Separate School ► (EC06) Private Separate School ► (EC07) Public Residential Facility ► (EC08) Private Residential Facility ► (EC14) Alternative Schools-includes Family Schools ► (EC16) Service Provider Location-Includes homebound receiving OUTPATIENT services ► (EC17) Separate Class ► (EC 18) Hospital (Use location code 993) ► (EC 22) In Reg EC Program at least 10 hours/week Receives majority of SPED and rel serv at SAME location ► (EC 23) In Reg EC Program at least 10 hours/week Receives majority of SPED and rel serv at OTHER location ► (EC24) In Reg EC Program Less than 10 hours/week Receives majority of SPED and rel serv at SAME location ► (EC25) In Reg EC Program Less than 10 hours/week Receives majority of SPED and rel serv at OTHER location ► (EC26) In Priv School IEP-placed at least 10 hours/week (Use referring sch location code, not 997 or 999) ► (EC27) In Priv Sch IEP-placed Less than 10 hours/week (Use referring sch location code, not 997 or 999) ► (EC28) In Priv Sch Parent-placed at least 10 hours/week (Use location code 997) ► (EC29) In Priv Sch Parent-placed Less than 10 hours/week (Use location code 997) ► (EC30) Children attending BIE early childhood program at least 10 hours per week and receiving the majority of hours of special ► (EC31) Children attending a BIE early childhood program at least 10 hours per week and receiving the majority of hours of special ► (EC32) Children attending a BIE early childhood program less than 10 hours per week and receiving the majority of hours of special ► (EC33) Children attending a BIE early childhood program less than 10 hours per week and receiving the majority of hours of special

School Age Settings (Ages 6-21) ► (SA01) Inside Regular Class 80% or more of day ► (SA02) Inside Regular Class 40%-79% of day ► (SA03) Inside Regular Class less than 40% of the day ► (SA04) Homebound-Use location code 998 ► (SA05) Public Separate School ► (SA06) Private Separate School ► (SA07) Public Residential Facility ► (SA08) Private Residential Facility ► (SA09) Juvenile Detention Center-JDC ► (SA10) Private School-Parent placed (Use location code 997) ► (SA12) Removed to IAES ► (SA14) Alternative Schools-includes Family Schools ► (SA15) Removed to IAES-by Hearing Officer ► (SA17) Separate Class ► (SA 18) Hospital-Use Location Code 993 ► (SA19) Private School IEP placed (use referring school location code, not 997 or 999) ► (SA21) Corrections

Receiving Extended Year Services: ► YES ► NO

Transition Services:

Statement on IEP that addresses transition services need for student 14 years or older: ► YES
► NO

Transition IEP Code (For 12th Grade sped students who have not graduated): ► (C) Continuing-

receiving services in school » (T) Transition-receiving services, not in school setting (GC) Graduated and is on continuing IEP » GT Graduated and on a transition IEP

Mental Health Services Upon Exit: » YES » NO

Vocational Rehabilitation Services Upon Exit: » YES » NO

Developmental Disabilities Services Upon Exit: » YES » NO

Independent Living Services Upon Exit: » YES » NO

Postsecondary Education Services Upon Exit: » YES » NO

SPP 13 Post Secondary Measurable Goals and Transition

(40) Q1. Are there appropriate measurable PoSec annual goals? » YES » NO

(42) Q2. Are measurable PoSec goals updated annually? » YES » NO

(44) Q3. Do measurable PoSec goals include transition services? » YES » NO

(46) Q4. Do measurable PoSec goals include course of study? » YES » NO

(48) Q5. Are measurable PoSec goals based on age-appropriate transition assessment? » YES » NO

(50) Q6. Evidence that student was invited to IEP team meeting? » YES » NO

(52) Q7. Evidence that rep of participating agency was invited to IEP meeting? » YES » NO

(54) Q8. Are there annual IEP goals related to student's transition service needs? » YES » NO

(56) Q9. Is there evidence that a rep of any participating agency was invited to the IEP team meeting with consent?
» YES » NO

CHOOSE EITHER Q7 or Q9 BUT NOT BOTH

Expected Diploma Type: (Grades 8-12)

» Standard » Career » Ability

Expected Graduation Date: ____/____/____

Graduating Senior applied for: » 4 year Postsecondary » 2 Year Postsecondary »

Vocational » Military » No Application

When did this Senior graduate or complete high school this year? » End of 1st Semester

» End of Second Semester » Summer Session

If Graduated, Diploma Type Code:

» Diploma (Includes all pathways) » Certificate of Coursework Completed (if IEP states they are on a continuing or transition IEP)

Exit Date: ____/____/____ (Sped Event 1)

» (1) Returned to Regular Education- no longer receives special education

» (4) Reached Maximum Age

» (5) Died

» (6) Moved, Known to be Continuing

- ▶▶ (8) Dropped out, also include GED recipients
- ▶▶ (9) Graduated on Standard Option
- ▶▶ (10) Graduated on Career Option
- ▶▶ (11) Graduated on Ability Option