

# 2008-2009 DATA COLLECTION FORM for STUDENTS WITH DISABILITIES

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ District of Residence: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Grade Level: \_\_\_\_\_ District of Attendance: \_\_\_\_\_  
 Disability Category: \_\_\_\_\_ Disability Start Date: \_\_\_\_\_ Building of Attendance: \_\_\_\_\_

Special Ed Dept Approved

**A. Date Type Codes:**

Code	Description	Event Date	Outcome ID:	Start Date	End Date	Non-compliance ID:
PSTC	Preschool Transition Conference Date		---	---	---	---
RFRL	Referral for Evaluation Date		---	---	---	---
CNST	Parent/Guardian Consent for Eval Date			---	---	---
IETR	Eval Team Report Completion Date – Initial			---	---	
IIEP	Ind Educ Prog (IEP) Comp Date – Initial					
RETR	Eval Team Report Completion Date – Reeval			---	---	
RIEP	Ind Educ Prog (IEP) Comp Date – Per Rw					
TETR	Transfer Student ETR Adoption Date					---
TIEP	Transfer Student IEP Adoption Date					---

**B. Primary Service Code** (Least Restrictive Environment 210xxx OR Early Childhood Delivery Option 217xxx): \_\_\_\_\_

**C. Secondary Planning Element** (Transition Plan reported for students 16 years or older by June 1, 2008): \_\_\_\_\_  
 211100 Trans Plan in Place     211105 No Trans Plan in Place

**D. Related Services** (including **Preschool Itinerant Services**, if applicable)


**F. Testing: Achievement, Ohio Graduation, Diagnostic**

Testing Coordinator Approved

Subject Areas	Test Level to be Administered	Date of Test (month/year)	Grade Level When Tested	Type of Test Assessment	Testing Accommodations	Required for Graduation?
Reading						
Writing						
Math						
Science						
Citizenship						

IEP Required Test Type:  
\_\_\_\_\_

**District Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_