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Special Education Services Fact Template

**Target Table(s):** SE\_SERVICES\_FACT

**Data Submission Schedule:** 40D, 80D, 120D, EOY

**Grain:** One record per district / location / school year / student / special education service

**Template Description**

This template tracks Special Education Services, also known as ancillary services. This template contains details of services provided to special education students. Submit only students who are active as of the reporting date and are receiving services at that time.

**Load Sequences/Dependencies**

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| **Load Sequence/Dependencies** | **Optional** | **Lookup** |
| **1. STUDENT** | **N** | **N** |

**Changes**

Field 5 – New service codes added.

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| Code | Description |
| IHP | NEW - Student's IEP requires an individualized health plan |
| LIFT | NEW - Student's IEP requires a wheelchair lift |
| NS | NEW - Student's IEP requires nursing services |
| SECDEV | NEW - Student's IEP requires a security device such as harness, tethers, braces, restraints, seatbelts, or vest NEW |
| TRS | NEW - Student's IEP requires transportation services |

Field 28 – PRIMARY STAFF ID has been changed from required to conditionally required and new business rule was added.

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Special Education Services Fact Template

| **Field #** | **Start** | **End** | **Length** | **Data Type** | **Field Name** | **R/O/CR** | **Code** | **Definition** | **Business Rules** | **Valid Values/Example Data** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **1** | **8** | **8** | **C** | **DISTRICT CODE** | **R** | **K,M** | **PED defined three character district code.** |  | **Example: 038** |
| **2** | **9** | **14** | **6** | **C** | **LOCATION CODE** | **R** | **K,M** | **PED defined three character location codes.   Use the following Location Codes for special education students that are enrolled and served in these special locations:**  **992 = Off-Site Early Childhood Program 993 = Students who are hospitalized**  **997 = Students who are enrolled in a private school**  **998 = Students who are homebound** |  | **Example: 100** |
| **3** | **15** | **24** | **10** | **D** | **SCHOOL YEAR DATE** | **R** | **K,M** | **Provide the school year in the ISO format: YYYY-MM-DD. The PED standard school year runs from July 1 through June 30.** | **All dates must be entered in ISO format.** | **Example:**  **YYYY-06-30** |
| **4** | **25** | **36** | **12** | **C** | **STUDENT ID** | **R** | **K,M** | **State issued student identification number.** |  | **Example: 100000009** |
| **5** | **37** | **44** | **8** | **C** | **SERVICE CODE** | **R** | **K,M** | **Provide the code that represents the type of service received by the special education student.** | **The value used should be the code (e.g. SS, PT, NMSD, NMSBVI etc.).** | See the [Service Code Set](#ServiceCode) at the end of this document for a list of the valid values.  **Note: This set includes new codes.** |
| **6-7** | **45** | **70** |  | Not Collected | | | | | | |
| **8** | **71** | **80** | **10** | **D** | **SERVICE**  **START DATE** | **R** | **K,M** | **Field indicating the report date. See valid values.** | **All dates must be entered in ISO format.** | **YYYY-10-01 = 40D**  **YYYY-12-15 = 80D**  **YYYY-03-01 = 120D**  **YYYY-06-01 = EOY** |
| 9-12 | 81 | 107 |  | Not Collected | | | | | | |
| **13** | **108** | **111** | **4** | **N(0)** | **SERVICE DURATION** | **CR** | **U** | **The total number of minutes the service is provided per week.** | **SERVICE DURATION is not required for Service Codes (5) IHP, LIFT, NS, SECDEV, TRS.**  **SERVICE DURATION will be required for all other service codes. A value from 1 – 9999 to indicate the number of minutes the service occurs per week. Must calculate service minutes that occur in a service cycle that is not weekly. (See the examples to the right)** | **Example 1:**  Student receives speech services twice a week for 30 minutes each time – Report 60.  **Example 2:**  Student receives Occupational services once a day for 30 minutes in a school that has a 5 day week - Report 150.  **Example 2:**  Student receives Occupational services 2 times per month for 60 minutes each time. Calculate 120/4= 30 minutes per week |
| **14** | **112** | **121** | **10** |  | Not Collected | | | | | |
| **15** | **122** | **124** | **3** | **C** | **INTEGRATED SERVICES STATUS** | **CR** | **U** | **A ‘Y’ or ‘N’ indication of whether the student receives services within the regular education environment.** | **Leave blank if student is in parentally placed private school or field #5 = IHP, LIFT, NS, SECDEV, TRS, NMSD or NMSBVI.** | **Valid Values:**  **Y = Student received services within the regular education setting**  **N = Student received services in the special education setting** |
| 16-27 | 125 | 328 |  | Not Collected | | | | | | |
| **28** | **329** | **340** | **12** | **C** | **PRIMARY STAFF ID** | **CR** | **U** |  | **PRIMARY STAFF ID is not required for Service Codes (5) IHP, LIFT, NS, SECDEV, TRS.**  **PRIMARY STAFF ID will be required for all other service codes** |  |

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| Service Code (Special Education Services Fact - Field #5) |

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| |  |  | | --- | --- | | Code | Description | | AU | Audiologist | | IHP | Student's IEP requires an individualized health plan NEW | | IN | Interpreter | | LIFT | Student's IEP requires a wheelchair lift NEW | | NMSBVI | Receiving services at both the district and New Mexico School for the Blind and Visually Impaired | | NMSD | Receiving services at both the district and New Mexico School for the Deaf | | NS | Student's IEP requires nursing services NEW | | OR | Orientation | | OT | Occupational Therapy | | PS | Psychological Services | | PT | Physical Therapy | | RC | Rehabilitation Counseling Services | | RF | Certified Residential Facility Services | | RT | Recreational Therapy | | SECDEV | Student's IEP requires a security device such as harness, tethers, braces, restraints, seatbelts, or vest NEW | | SS | Speech Services | | SW | Social Work Services | | TRS | Student's IEP requires transportation services NEW | |  |