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Special Education Snapshot Template

**Target Table(s):** SPECIAL\_ED\_SNAP

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

**Grain:** One record per district / location / school year / student / snapshot date

**Load Sequences/Dependencies**

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| **Load Sequence/Dependencies** | **Optional** | **Lookup** |
| **1. STUDENT** | **N** | **N** |
| **2. STAFF** | **Y** | **N** |

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**Template Description**

This template tracks general information on Special Education students. This template describes the details of students’ participation in special education at a given point in time designated by the Snapshot Date.

Submit only for active students including; EOY graduating seniors, returning 12th graders with a Non-Graduate Continuing (C), Non-Graduate Transition (T), Graduate Continuing (GC), or Graduate Transition (GT)

DO NOT SUBMIT newly exited students (students who have exited special education since the last reporting period) in the Special Education Snapshot Template. Report these students in the Special Education Events Template.

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**Changes:**

* No Changes

Special Education Snapshot 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: 046** |
| **2** | **9** | **14** | **6** | **C** | **LOCATION CODE** | **R** | **U,M** | **PED defined three character location codes.**  | **PED defined three character location codes. Use the following Location Codes for 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****New - For Residential Treatment Centers (RTC) – Use the location code of the RTC** | **Example: 008** |
| **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 | Not Collected |
| **5** | **37** | **48** | **12** | **C** | **STUDENT ID** | **R** | **K,M** | **State issued student identification number.**  |  | **Example: 123456789** |
| 6-10 | 49 | 121 | 75 | Not Collected |
| **11** | **122** | **151** | **30** | **C** | **PRIMARY DISABILITY** | **CR** | **U,R** | **Provide the code for the primary disability as determined in the IEP or MDT.** | **Required if the SPECIAL EDUCATION FIELD (#38) in the Student / Student Snapshot Template = Y.** **Leave blank if SPECIAL EDUCATION = N.****A communication consideration form is required (event 4 in the SPECIAL ED EVENTS template) if the student is:** * **VI, VIB, or otherwise blind or visually impaired,**
* **DB, HI or otherwise deaf or hard of hearing**
 | **See the** [**Disability Code Set**](#DisabilityCode) **at the end of this document for a list of the valid values.** |
| **12** | **152** | **181** | **30** | **C** | **SECONDARY DISABILITY** | **CR****Please see Business Rules for requirements** | **U** | **Provide the code for the secondary disability condition, if one exists, as determined in the IEP or MDT.** | **Required if a Secondary Disability exists.** | **See the** [**Disability Code Set**](#DisabilityCode) **at the end of this document for a list of the valid values.** |
| **13** | **182** | **191** | **10** | **D** | **LAST IEP DATE** | **R** | **U** | **Provide the date on which the student last received an Individual Education Plan (IEP).** | **All dates must be entered in ISO format****Is the date on which any of the following occurred:*** **an Individualized Education Plan (IEP),**
* **Review of Existing Evaluation Data (REED)**
* **PRIVATE Service Plan**
 | **YYYY-MM-DD** |
| **14** | **192** | **201** | **10** | **D** | **LAST EVALUATION DATE** | **R** | **U** | **Provide the date on which the student last received a formal special education evaluation.** | **All dates must be entered in ISO format** | **YYYY-MM-DD** |
| 15-17 | 202 | 291 | 90 | Not Collected |
| **18** | **292** | **303** | **12** | **C** | **SPECIAL EDUCATION TEACHER ID** | **CR** | **U** | **Staff ID of caseload teacher.** **Must also be reported in Staff template.** | **Students who qualify as Speech Articulation Only must be assigned to a Speech-Language Pathologist (Staff Assignment Code 95 or 95S). If student is in parentally placed private school use the district’s staff liaison.****If you do not have, a Staff ID of a caseload teacher to provide the service leave this field blank. Otherwise, submit all staff ids of caseload teacher as it relates to the service and Assignment Code.**  | **Example: 123456785** |
| 19-20 | 304 | 323 | 20 | Not Collected |
| **21** | **324** | **353** | **30** | **C** | **EXPECTED DIPLOMA TYPE** | **CR** | **U** | **EXPECTED GRADUATION OPTION****The option determined and indicated in the student's IEP.** | **Required for students in grades 8 - 12.** **The value used should be the code (e.g. 3, 4) only. The descriptions are for reference only.** | **3 = Modified Option****4 = Ability Option****5 = Standard Option** |
| **22** | **354** | **356** | **Not Collected** |
| **23** | **357** | **359** | **3** | **C** | **ALTERNATE ASSESSMENT** | **R** | **U** | **ALTERNATE ASSESSMENT** | Provide a **Y** or **N** indication of whether the Special Education Student is entitled to take an alternate assessment rather than the regular state assessment, as documented in their Service Plan (IEP). | **Y =** Student will take the Alternate Assessment**N =** Student will take the Regular Assessment with or without accommodations |
| **24-25** | **360** | **395** | **Not Collected** |
| **26** | **396** | **398** |  | **C** | **BRAILLE INSTRUCTION** | **CR** | **U** | **An indication of yes or no regarding the need for Braille Instruction** |  | **Y = Student requires Braille****N = Student does not require Braille** |
| 27-32 | 399 | 452 |  | Not Collected |
| **33** | **453** | **462** | **10** | **D** | **SPECIAL ED ENTRY DATE** | **R** | **U** | **Date of student’s entry into special education. All dates must be entered in ISO format** | Enter the date the student began receiving special education services in the current school year at the district. If student is twice exceptional (i.e., Special ED = ‘Y’ AND Gifted Participation=’Y”), enter the date when the student began receiving IDEA special education and related services, not the date the student began receiving gifted services. | **Use actual date****Example: 2017-09-16** |
| 34 | 463 | 472 | 10 | Not Collected |
| **35** | **473** | **482** | **10** | **D** | **SNAPSHOT DATE** | **R** | **K,M** | **Field indicating the report date. See valid values.** | **All dates must be entered in ISO format (YYYY-MM-DD).** | **YYYY-10-01 = 40D** **YYYY-12-15 = 80D****YYYY-03-01 = 120D****YYYY-06-01 = EOY** |
| 36-43 | 483 | **607** |  | Not Collected |
| **44** | **608** | **615** | **8** | **C** | **PRIMARY SETTING CODE** | **R** | **U** | **Special Education setting.** |  | **See the** [**Primary Setting Code Set**](#PriamrySettingCode) **at the end of this document for a complete list of the valid values.** |
| 45-58 | 616 | 783 |  |  |  |  |  | Not collected |  |  |
| **59** | **784** | **793** | **10** | **C** | **PRIMARY AREA OF EXCEPTION-ALITY** | **R** | **U** | **Field to identify student’s Primary Exceptionality**.  | **The value used should be the code (e.g. G, SE) only. Valid values are case sensitive.** | **G = Gifted Only or Gifted as primary and disability as secondary as indicated in the IEP.****SE = Disability Only or Disability as primary and Gifted as secondary as indicated in the IEP.** |
| 60 61  | 794 | 806 |  |  |  |  |  | Not collected |  |  |

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| **Disability Codes for Fields – Field 11 (Primary) and Field 12 (Secondary)** |
| Code | Description |
| AU  |  Autism |
| DB  |  Deaf-Blindness |
| DD  |  Developmental Delay |
| ED  |  Emotional Disturbance |
| HI  |  Hearing Impairment |
| ID  |  Intellectual Disability (previously referred to as MR – Mental Retardation) |
| MD  |  Multiple Disabilities |
| OHI  |  Other Health Impairment |
| OI  |  Orthopedic Impairment |
| SL  |  Speech or Language Impairment |
| SLD  |  Specific Learning Disability |
| TBI  |  Traumatic Brain Injury |
| VI  |  Visual Impairment |

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| Primary Setting Codes field 44 |

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| **Code** | **Primary Setting Code Description** |
| For students **(Ages 5 in Kindergarten – 21)** |
| RC80 | Inside Regular Class 80% or more of day  |
| RC79TO40 | Inside Regular Class 40% - 79% of day |
| RC39 | Inside Regular Class less than 40% of day |
| PPPS | Private School – Parentally Placed These are children who are enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and who received special education and related services at public expense from a local educational agency or intermediate educational unit under a services plan[[1]](#footnote-1).  |
| For students **(Ages 3-5) Not** **Including Kindergarten Students that are age 5 in this area.** |
| REC10YSV | Children attending a regular early childhood program **at least** 10 hours per week and receiving the majority of hours of special education and related services in the regular early childhood program. |
| REC10YOT | Children attending a regular early childhood program **at least** 10 hours per week and receiving the majority of hours of special education and related services in some other location. |
| REC09YSV | Children attending a regular early childhood program **less than** 10 hours per week and receiving the majority of hours of special education and related services in the regular early childhood program. |
| REC09YOT | Children attending a regular early childhood program **less than** 10 hours per week and receiving the majority of hours of special education and related services in other location. |
| SC | Children attending a special education program in a separate special education class**.** |
| SPL | Service Provider Location - Children attending neither a regular early childhood program nor a special education program and receiving the majority of hours of special education and related services at the service provider’s location or some other location not in any other category. |
| For either School age students (Ages 5 in Kindergarten – 21) or Early Childhood students (Ages 3-5) Not Including Kindergarten |
| SS | Separate School - These are children whom received education programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services**,** at public expense**,** for greater than 50% of the school day in public or private separate schools. This may include children placed in:* + public and private day schools for students with disabilities
	+ public and private day schools for students with disabilities for a portion of the school day (greater than 50%) and in regular school buildings for the remainder of the school day
	+ public and private residential facilities if the student does not live at the facility
 |
| HH | Homebound/Hospital (HH) – These are children whom received programs in homebound/hospital environments. This includes children receiving special education and related services in hospital programs or homebound programs. Note: This value can only be used for students that have the location code of 993 (Hospitalized) or 998 (Homebound).  |
| CF | Correctional Facilities (CF) – These are children whom received special education in correctional facilities. These data are intended to be an unduplicated count of all children receiving special education in short-term detention facilities (community-based or residential) or correctional facilities |
| RF | Residential Facility (RF) – These are children whom received education programs and lived in public or private residential facilities during the school week. This includes children with disabilities receiving special education and related services, at public expense,for greater than 50% of the school day in public or private residential facilities. This may include children placed in:* + public and private residential schools for students with disabilities
	+ public and private residential schools for students with disabilities for a portion of the school day (greater than 50%) and in separate day schools or regular school buildings for the remainder of the school day

Do not include students who received education programs at the facility, but do not live there. |

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**AQs**

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| **FAQs** |
| **In field #33 SPECIAL ED ENTRY DATE do we enter the exact date the student began receiving services in the current school year?** |
| Yes. If the student was receiving services (IDEA or Gifted) since the end of last year the date would be either be the first day of school or the first day in the school year. Either date is acceptable.   |
|  | Example |

1. Children enrolled in private school by a parent, but who are still receiving special education services through the LEA, may have a services plan rather than an IEP. These children should be included. [↑](#footnote-ref-1)