

INSTRUCTIONS FOR COMPLETING IEP DATA SUMMARY

For initial IEPs, boxes will have to be completed by hand. If data summary sheet has been pre-printed, please correct any printed information that is incorrect. Make the corrections in the boxes provided immediately below the information to be corrected.

STUDENT INFORMATION:

- 1 **Student Number:** Enter MICIS SUI number.
- 2 **N** NEW STUDENT
C CHANGE
E EXIT - Use when a student is being exited from ALL special education programs and services.
- 3 **Unique Identification Code (UIC).**
- 4 Enter student's **legal last name**. If student has a suffix (i.e.: Jr., II, III), enter this following the last name.
- 5 Enter student's **legal first name** - do not use nickname.
- 6 Enter **birth date** by using the number equivalents for the month. All single numbered months and days should be preceded by a 0, (Jan. 2, 1970 enter as 01/02/70).
- 7 Gender Codes are: **M** = Male **F** = Female
- 8 **Ethnic Codes** are:
- | | |
|-------------------------------------|-------------------------------|
| 1 Native American or Alaskan Native | 4 Hawaiian / Pacific Islander |
| 2 Asian American | 5 White (Not Hispanic) |
| 3 Black (Not Hispanic) | 6 Hispanic / Latino |
- 9 Enter **telephone number** with area code
- 10 Enter the number and street name separated by a space.
- 11 Enter city as is usually done.
- 12 Use the postal two letter code, (i.e.: MI = Michigan).
- 13 Use the five or nine digit postal code.
- 14 **Resident Type:** Choose from one of the following.
- | | |
|---|---|
| Nonresident: | Resident: |
| 01 Non-K-12 district | 08 Resident - Nonpublic school student |
| 02 Section 105 school of choice (within same ISD) | 09 Section 24 juvenile detention facility |
| 03 Section 105c school of choice (outside contiguous ISD) | 10 For new PSAs |
| 04 Nonresident nonpublic school student | 11 School for the Deaf/Blind |
| 05 No cooperative agreement, no release, not exempted | 13 Emotionally Impaired Special Education students served by DCH facility |
| 06 All other nonresident students | 14 All other resident students (most frequently used code) |
| 07 Home-schooled nonresident | 15 Home-schooled resident |

PRIMARY CONTACT INFORMATION:

- 15 Enter the **legal last name**.
- 16 Enter the **legal first name** - do not use nickname.
- 17-20 See numbers 10-13 above. If same as student, print **SAME** in box #17.
- 21 Enter telephone number.
- 22 **Relation** to the student:
- | | | |
|------------------------------|----------------------------|------------------|
| A Father, natural or adopted | G Spouse | O Other relative |
| B Father, step | H Brother | P P Parents |
| C Father, foster | I Sister | S Parents, step |
| D Mother, natural or adopted | J Grandparent | U Unknown |
| E Mother, step | K Court appointed guardian | |
| F Mother, foster | L Self | |

- 23 Language spoken in the home:**
- | | | |
|-----------|------------|--------------|
| A Arabic | G Greek | O Other |
| C Chinese | I Italian | P Polish |
| D German | J Japanese | S Spanish |
| E English | K Korean | U Unknown |
| F French | L Laotian | V Vietnamese |

SPECIAL EDUCATION DATA:

24, 25 Use the codes for resident districts, attending districts, and charter schools. (see School Code Master)

26 Use one of the building codes for the attending building. (see School Code Master)

27 Enter student's Grade Level using one of the codes below:

- | | | |
|-----------------------------|----------------------|----------------------|
| 00 Kindergarten | 14 Special Education | D Developmental Kdg |
| 01-12 Numbered Grade Levels | 20 Adult Education | P Preschool Programs |
| 13 Alternative Education | | |

28 Primary Educational Setting.

General Education Setting Codes for Students Ages 6-26:

- 11 Outside general education classroom less than 21% of the school day
- 12 Outside general education classroom between 21% and 60% of the school day
- 13 Outside general education classroom greater than 60% of the school day

Other Setting Codes for Students Ages 6-26:

- 02 Special Education School Building - Public
- 03 Residential Facility - Public
- 04 Residential Facility - Private
- 06 Homebound/Hospitalized
- 10 Special Education School Building - Private

Codes for Children Ages 3-5 Years:

- 21 Early Childhood Setting
- 22 Early Childhood Special Educational Setting
- 23 Home
- 24 Part-Time Early Childhood/Part-Time Early Childhood
- 25 Residential Facility
- 26 Separate School
- 27 Itinerant Service Outside the Home

Codes for Children Ages 0-2 Years:

- 31 Home
- 33 Program Designed for Typically Developing Children
- 34 Service Provider Location
- 35 Program Designed for Children with Developmental Delays or Disabilities
- 36 Hospital (inpatient)
- 37 Residential Facility
- 38 Other Setting

29 Type of Primary Educational Setting:

- 01 Public School
- 02 Parochial School - religious nonpublic school program
- 03 Private School - nonreligious nonpublic school program

30 **Y/N** Was special transportation determined to be needed by an IEP? Use Y for Yes and N for No.

31 Type of Special Transportation:

- | | |
|--------------------------------|---|
| 1 Automobile or taxi | 5 Automobile or taxi with restraints |
| 2 Regular bus | 6 Regular bus with restraints |
| 3 Special bus | 7 Special bus with restraints |
| 4 Special bus with lift | 8 Special bus with lift and restraints |

32 Provider of Transportation:

- | | |
|---|--|
| 1 Local school district transportation | 4 Contracted with private carrier |
| 2 ISD/RESA/regional transportation | 5 Other combinations |
| 3 Parent | |

- 33 **Current IEP Date should be entered here.**
- 34 **Initial/Re-determination IEP Date** is the date of the IEP following the student's last evaluation for determining eligibility.
- 35,36 **Primary Disability** and **Secondary Disability** (if any) are determined by the IEP.
- | | | | |
|-----|--|-----|-------------------------------------|
| ASD | Autism Spectrum Disorder (15) | OHI | Other Health Impairment (20) |
| CI | Cognitive Impairment (05) | PI | Physical Impairment (09) |
| DB | Deaf Blindness (17) | SLI | Speech and Language Impairment (10) |
| ECD | Early Childhood Developmental Delay (11) | SXI | Severe Multiple Impairment (14) |
| EI | Emotional Impairment (06) | TBI | Traumatic Brain Injury (16) |
| HI | Hearing Impairment (07) | VI | Visual Impairment (08) |
| SLD | Specific Learning Disability (13) | | |
- 37 Total School Hours Per Week: Enter total number of hours student attends school in a week.
- 38 Special Education Hours Per Week: Enter total number of hours student spends in special education programs. (Note: FTE will be computer-calculated based on #'s 37 and 38.)
- 39 Referral Date: Enter the date referral was first received by a school official.
- 40 Initial IEP Date: Enter the date of the first IEP conducted on the student. (Date should be after the referral date.) 7/05
- 41 Initial Placement Date: Enter date the student actually first begins his/her special education program and/or service.
- 42 Exit Date is the date on which the student is terminated from ALL special education programs and services.
- 43 Reason for exiting from all special education programs and services is one of the following codes:
- | | |
|----|---|
| 01 | Graduated with general education diploma |
| 07 | Dropped out of school |
| 08 | Enrolled in another district |
| 12 | Deceased |
| 20 | Certificate of completion of IEP/modified diploma |
| 22 | Declassified, returned to General Ed. |
- 44 Follow-up Date is the date of the one year follow-up after the student has exited ALL special education programs and services. (Do not complete at time of exit.)
- 45-48 Optional Fields:
- 49 LEP Check Box: Check if student receives LEP services.
- 50 Migrant Check Box: Check if student has migrant status.
- 51 Center Program Check Box: Check if student attends a center program.
- 52 Regional Program Check Box: Check if student attends a regional program.
- 53 **Additional Disabilities:** Enter "22" if student is legally blind ; Enter "24" if student is deaf
- 54-56 Optional Fields

PROGRAMS AND SERVICES:

57 Programs should be listed first, then teacher consultant (TC) services, then related services. If student receives no program or TC services, list primary related service as #1. Use program and service codes listed below:

Classroom Programs:

- | | | | |
|-----|---------------------------------------|-----|---|
| 110 | Mild Cognitive Impairment Program | 180 | Physical/Otherwise Health Impairment Program |
| 120 | Moderate Cognitive Impairment Program | 190 | Severe Multiple Impairment Program |
| 130 | Severe Cognitive Impairment Program | 191 | Early Childhood Special Education Classroom Program |
| 140 | Emotional Impairment Program | 192 | Severe Language Impairment Classroom Program |
| 150 | Learning Disability Program | 193 | Autism Spectrum Disorder Program |
| 160 | Hearing Impairment Program | 194 | Resource Room |
| 170 | Visual Impairment Program | 270 | Early Childhood Special Education Services |

Teacher Consultant Services:

200	TC Autism Spectrum Disorder	240	TC Hearing Impairment
210	TC Cognitive Impairment	250	TC Visual Impairment
220	TC Emotional Impairment	260	TC Physical/Otherwise Health Impairment
230	TC Learning Disability		

Related Services:

280	Homebound/Hospitalized Services	410	Recreation Service
290	Speech and Language Services	440	Special Transportation
291	Adaptive Physical Education	450	School Health Services
310	School Social Worker	460	Rehabilitation Counseling Services
320	School Psychologist	470	Orientation and Mobility Services
360	Occupational Therapy	480	Work Study Services
370	Physical Therapy	490	Vocational Education (General Education)
383	Music Therapy	491	Special Needs (Adapted Vocational Education)
390	Art Therapy	492	Individual Vocational Education
400	Audiological Services	493	Special Education Vocational Education
406	Interpreter for the Deaf		

- 59 Program/Service District: Optional information to gather when students are simultaneously enrolled in more than one school district.
- 60 Program/Service Building: Optional information to gather when students are simultaneously enrolled in more than one school building within the same or in two different school districts.
- 61 Monitoring Check Box: Check if student is receiving monitoring. (Optional)