

| | | | |
|---|---------------------------|--|-------------------------|
| Teacher Name _____ | | SpED Entry Date* _____ <small>*For new SpED enrollees only</small> | |
| School _____ | | SpED Exit Date** _____ <small>**For students that exited SpED since previous FTE only</small> | |
| _____ | _____ | _____ | _____ |
| <small>Last Name</small> | <small>First Name</small> | <small>Middle Name</small> | <small>Grade</small> |
| _____ | _____ | _____ | _____ |
| <small>Social Security Number (SSN)</small> | <small>GTID</small> | <small>Ethnicity</small> | <small>Gender</small> |
| _____ | _____ | _____ | <small>Homeroom</small> |
| _____ | _____ | _____ | _____ |

This information should be updated when and if any changes occur and given to the Data Entry / Information Specialist after each IEP meeting / amendment.

State/Province – GA Special Education Service Hours

SPED Service Hours ***

***Do not enter number of hours. Only fill in YES for services rendered – leave others blank.

Include resource and inclusion services.

- (P) Mild Intellectual Disability.....
- (Q) Moderate Intellectual Disability.....
- (R) Severe Intellectual Disability.....
- (S) Profound Intellectual Disability.....
- (T) Emotional Behavioral Disorder.....
- (U) Specific Learning Disability.....
- (V) Orthopedic Impairment.....
- (W) Hearing Impairment.....
- (X) Deaf.....
- (Y) Other Health Impaired.....
- (Z) Visual Impairment.....
- (1) Blind.....
- (2) Deaf and Blind.....
- (3) Speech / Language Impaired.....
- (6) Autism.....
- (7) Traumatic Brain Injury.....
- (8) Pre School Special Education / SDD.....

Hours Per Week***

*** Do not enter number of hours. Only fill in **YES** for services rendered – leave others blank.
Include resource and inclusion services.

(A) Direct Adapted PE Services.....

(B) Audiology Services.....

(C) Counseling.....

(D) Diagnostic Services.....

(E) Occupational Therapy.....

(F) Physical Therapy Services.....

(G) Psychological Services.....

(H) Interpreter Services.....

(I) School Health / Nursing Services.....

(J) School Social Work Services.....

(K) Special Transportation Services.....

(L) Orientation and Mobility.....

Special Education

Special Education Program Primary Area.....

NOTE: Program codes (6), (7), and (8) are NOT accepted FTE codes.
They must be paired with another code and entered below.

When not served in primary area above,
select program area of kind service received.....

Special Education Secondary Area.....

Special Education Exit Code.....

- SpEd Exit Codes **N/A**
- (1) Moved, known to cont. services**
 - (2) Withdrawn**
 - (3) Returned to Regular Ed**
 - (4) Reached Max Age**

Special Education Exit Date.....

Sp.Ed Program Code

- (P) Mild Intellectual disability
- (Q) Moderate Intellectual Disability
- (R) Severe Intellectual Disability
- (S) Profound Intellectual Disability
- (T) Emotional Behavioral Disorder
- (U) Specific Learning Disability
- (V) Orthopedic Impairment
- (W) Hearing Impairment
- (X) Deaf
- (Y) Other Health Impairment
- (Z) Visual Impairment
- (1) Blind
- (2) Deaf and Blind
- (3) Speech / Language Impairment
- (4) GNETS (Psych-Ed Program)
- (6) Autism
- (7) Traumatic Brain Injury
- (8) Significant Developmental Delay

Extended Year Service Codes

Extended Year services.....

N/A
(Y) Yes, SpEd Ext. Yr Services received
(N) No, SpEd Ext. Yr Services NOT received

Special Education Environment.....

Example: **1A**

SpEd Environment Codes

For K-12 students, select one of the following:

- (1) Regular Class- inside regular class at least 80%
- (2) Resource Room – inside regular class 40-79%
- (3) Separate Class – inside regular class less than 40%
- (4) Public Separate School – more than 50% of the day
- (5) Private Separate School- more than 50% at public expense
- (6) Public Residential – more than 50% of the day
- (7) Private Residential – more than 50% @ public expense
- (8) Correctional Facility
- (9) Hospital / Homebound
- (0) Parentally placed in private school

For Preschool students, select one of the following:

- (A) Reg. Early Childhd prgrm at least 10 hours in reg. ed
- (B) Reg. Early Childhd prgrm at least 10 hours in other
- (C) Reg. Early Childhd prgrm less than 10 hours in reg. ed
- (D) Reg. Early Childhd prgrm less than 10 hours in other
- (E) Special education Classroom
- (F) Separate School
- (G) Residential Facility
- (H) Home
- (I) Service Provider Location
- (J) Parentally placed in private school

All IEP.....
Circle correct response

All IEP Codes
(Y) Yes, student is receiving all IEP services
(N) No, student is not receiving all IEP services
(S) Student is receiving service plan services

Total Service Minutes Per Week.....
*See Guidance Document

Special Education Transition.....
Circle correct response

(Y) Yes, student did transition from Babies Can't Wait
(N) No, student did not transition from Babies Can't Wait

GAA Flag.....
Check box to indicate YES

Alternate Math Sequence.....
Check box to indicate YES

Course Enrollment

Number of Transported Segments.....

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

Circle Number of Periods/Classes transported from one educational site to another

Number of Supplemental Speech Segments.....

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

Circle Number of Periods/Classes student receives supplemental speech services. Supplemental Speech is when a student has 4 or more segments of the **same AE** Special Education Classes and is pulled out of one of the **Special Education** classes to receive Speech Services.

Inclusion Segments***

Paraprofessional Segments.....

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

Code 4

Circle Number of Periods/Classes

*****Only indicate the number of INCLUSION SEGMENTS. Do not include resource segments here.**