

PINELLAS COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION (ESE)
FOCUS / STUDENT INFORMATION SYSTEM DATA ENTRY

School: _____ Student ID: _____ Grade: _____ DMT Int. _____ DMT Entry Date: _____
 Student Name-Last: _____ First: _____ Middle: _____ Elem HmRm: _____
 Date Completed: _____ Completed by: _____ HS/MS Guidance Initials: _____ HS/MS Guidance Date: _____

Refer to Chapter 6 of the ESE Manual for additional information to complete this form.

Instructional Setting: _____
Case Manager: _____
FT Service Delivery Code: _____
PT Service Delivery 1: _____
PT Service Delivery 2: _____
PT Service Delivery 3: _____
IEP Stop Location: _____
Equipment Code (DOE Reporting): _____
Additional Equipment (bus): _____
Current IEP/EP/SP Date: _____
Re-Evaluation Date: _____
ESE/FEFP Code (from Matrix): _____
254/255 Matrix Date: _____
IDEA Ed Environment: _____

Time, min, Total Student Week: _____
Time, min, With Non-Disabled: _____
FBA Date: _____
PBIP Date: _____
Access Points: _____
Comments: _____
Primary Eligibility: _____
Gifted Eligibility: _____
Alternative Assessment Admin: _____
Test Accommodation (VI & ELL): _____
Medical Complexity Exemption: _____

Extended School Year Services: _____
Next Yr FT Service Delivery Code: _____
PT Service Delivery 1: _____
PT Service Delivery 2: _____
PT Service Delivery 3: _____

GRADUATION FOCUS SCREEN

Algebra EOC Waiver: _____
ELA/Reading Waiver: _____
Additional Waiver(s): _____
Graduation Option: _____
Online Course Exempt: _____
Pathway to Grad (Diploma Type): _____

MEDICAL FOCUS SCREEN

Medicaid Parent Authorization: _____
Medicaid Authorization Date: _____

IEP/EP SERVICES: ALL SPECIALLY DESIGNED INSTRUCTION AND RELATED SERVICES

Course Code/Subject, Access Course, Therapy, Counseling	Service Delivery Model	Teacher/ESE Provider/Gifted Teacher (ESE Service Provider/Primary Teacher)	Location: ESE or Gen Ed and Room #	Period OR Time Frame	Day(s) (MTWTF)	Min per Week	Start Date of Class/Service

DOE COURSE CODE LINKS: **ESE K-12** **GRADES 9-12** **GRADES 6-8** **GRADES K-5**

IEP/EP SERVICES: CONTINUED

Course Code/Subject, Access Course, Therapy, Counseling	Service Delivery Model	Teacher/ESE Provider/Gifted Teacher (ESE Service Provider/Primary Teacher)	Location: ESE or Gen Ed <u>and</u> Room #	Period OR Time Frame	Day(s) (MTWTF)	Min per Week	Start Date of Class/Service

SECTION TO BE COMPLETED ONLY UNDER THE DIRECTION OF A CED OR SLP (SI ONLY)

"Y" if Primary	Exceptionality	Date Exceptionality Added	Placement Prg Status	Related Service	Service Type	Referral Reason	Initial Parent Consent Date	Evaluation Date (initial completion)	Eligibility Date (initial determination)	Placement Date (initial)	Dismissal Date	60 Day Except	Existing FL IEP prior to PCS	PCS School of Eligibility Determination