

How to complete the Data Collection Sheets - Elementary

Completed forms due to your Data Entry by September 4, 2026

Speech/Language, OT/PT, and Vision/Hearing Services

Scheduling objective: These sheets are to schedule the students for the services/instruction they are receiving. This sheet provides your Data Entry:

- WHO is providing the services to what specific students
- WHAT services they are providing
- WHEN they are providing the services
- WHERE (building/room) they are providing the services.

Elementary schools – List one homeroom per Therapy Scheduling sheet

- Building/Room = the building and room you are providing the service in
- Indicate the amount of time in minutes per day or days

NOTE: There are separate scheduling sheets for Speech/Language - Elem. Middle and High schools, OT/PT - Elem. Middle and High schools, and Vision/Hearing Elem. Middle and High school. Please complete the appropriate sheet.

Examples provided below:

Speech/Language: Elementary School

Service Providers Name LINDA TEST TCH# 704

Homeroom Tch Name: BECKY HARRISON

Std.#: <u>123456</u>	Indicate the amount of time in minutes per day(s)						
	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
First Name: <u>JOHN</u>	7763030 Speech (F) or (Y)	<u>4-107</u> A		<u>30</u> B			
Last Name: <u>DOE</u>	7763040 Language (G) or (X)					<u>45</u>	
Student Grade: <u>4</u>							
Team: <u>VIRTUAL</u>							

OT/PT: Elementary School

Service Providers Name JANIE TEACH TCH# 701

Std.#: <u>123456</u>	Indicate the amount of time in minutes per day(s)						
	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
First Name: <u>JOHN</u>	7763050 OT (D)	<u>3-102</u> A		<u>45</u> B			
Last Name: <u>DOE</u>	7763070 PT (E)	<u>4-107</u>	<u>30</u>				
Grade: <u>4</u>							
Team: <u>REGULAR</u>							

Vision/Hearing: Elementary School

Service Providers Name JADE SMITH TCH# 700

Std.#: <u>123567</u>	Indicate the amount of time in minutes per day(s)						
	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
First Name: <u>JASMI</u>	7763080 Vision (I)						
Last Name: <u>RICE</u>	7763090 Hearing (H)	<u>7-111</u> A			<u>60</u> B		
Grade: <u>4</u>							
Team: <u>REGULAR</u>							

Please consult with your Data Entry if you have questions in reference to completing your data collections sheets.

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Special Education (formerly ESE Resource/Inclusion Teachers)

Scheduling objective: These sheets are to schedule the students for the services/instruction you are providing. The following information is required to accurately schedule your students:

- WHO is providing the services to which students
- WHAT services you are providing
- WHEN you are providing the services
- WHERE (building/room) you are providing the services

NOTE: List the students you are servicing each day, regardless if they are a SWD.

1. Complete a separate Data Collection Sheet for each homeroom. (Do not mix homerooms)
 - a. For SWD's you **must** complete the Excep. Being serviced box. This box cannot be left blank.
 - b. For NON-SWD's write N/A for Excep. Being serviced
 - c. Tier Level = Circle the Reading Intervention Tier Level if applicable. Circle None if the tier level does not apply.
 - d. Bldg/Rm = list the building and room in which you are providing the service
 - e. Indicate the amount of minutes in which you are providing service per day or days

Example provided below:

Special Education Teacher

(Formerly ESE Resource/Inclusion Teachers)

DISTRICT APPROVED SUBJECT SCHEDULING DATA COLLECTION FORM

ENTER ONLY 1 HOMEROOM PER SHEET - DO NOT MIX HOMEROOMS - Indicate the amount of time in minutes on each day of service

Your Name: JAMES PATTERSON

TSE#: 700

Note: This is not your EID #

Homeroom Tch Name: LILLY TEST

Std.#: 123456		Indicate the amount of time in minutes per day(s)					
Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri	
Language Arts	3-102	30	30	30	30	30	
Math							

Std.#: 456789		Indicate the amount of time in minutes per day(s)					
Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri	
Language Arts	3-102	45	45	45	45	45	
Math	3-102	30	30	30	30	30	

Std.#: 444444		Indicate the amount of time in minutes per day(s)					
Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri	
Language Arts	3-102	30			30		
Math							

NOTE: If you are not seeing the student in Language Arts or Math, cross out the course and write in the subject area/course name applicable for the student.

Please consult with your Data Entry if you have questions in reference to completing your data collections sheets.

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ELL Immersion Teachers

Scheduling objective: These sheets are to schedule the students for the services/instruction you are providing. The following information is required to accurately schedule your students:

- WHO is providing the services to which students
- WHAT services you are providing
- WHEN you are providing the services
- WHERE (building/room) you are providing the services

NOTE: List the students you are servicing each day, regardless if they are a “LY” student or not.

1. Complete a separate Data Collection Sheet for each homeroom. (Do not mix homerooms)
 - a. For LY students you will circle YES. LY students are scheduled with the ESOL course 5010010.
 - b. For NON LY students you will circle NO - then indicate what subject area(s) you are providing services to the student. (Language Arts, Math, Science and/or Social Studies)
 - c. Tier Level = Circle the Reading Intervention Tier Level if applicable. Circle None if the tier level does not apply.
 - d. Bldg/Rm = list the building and room in which you are providing the service
 - e. Indicate the amount of minutes in which you are providing service per day or days

Example provided below:

ELL Immersion Teacher

DISTRICT APPROVED SUBJECT SCHEDULING DATA COLLECTION FORM

ENTER ONLY 1 HOMEROOM PER SHEET - DO NOT MIX HOMEROOMS - Indicate the amount of time in minutes on each day of service

Your Name: JAMES SMITH

TSE#: 705

Note: This is not your EID#.

Homeroom Tch Name:

Std.#: 369258	Indicate the amount of time in minutes per day(s)						
First Name: JIMMIE	Area of Instruction if not an LY stdt	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: TATE		4-105	30	30	30	30	30
Grade: 3							
Team: REGULAR							
Tier Level: 2 3 None							
LY Student: YES NO							
If NO indicate Area of Instr.							

Std.#: 456789	Indicate the amount of time in minutes per day(s)						
First Name: BLAZE	Area of Instruction if not an LY stdt	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: MIST	LANG. ARTS	4-105	30	30	30		30
Grade: 3							
Team: REGULAR							
Tier Level: 2 3 None							
LY Student: YES NO							
If NO indicate Area of Instr.							

Std.#: 448866	Indicate the amount of time in minutes per day(s)						
First Name: SARAH	Area of Instruction if not an LY stdt	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: SMITH		4-105	30		30		30
Grade: 2							
Team: REGULAR							
Tier Level: 2 3 None							
LY Student: YES NO							
If NO indicate Area of Instr.							

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Resource Teachers

Scheduling objective: These sheets are to schedule the students for the services/instruction you are providing. The following information is required to accurately schedule your students:

- WHO is providing the services to which students
 - WHAT services you are providing
 - WHEN you are providing the services
 - WHERE (building/room) you are providing the services
1. Complete a separate Data Collection Sheet for each homeroom. (Do not mix homerooms)
 - a. If you are not seeing the student in either Language Arts or Math, cross through the course and write in the subject area/course name applicable for the student.
 - b. Tier Level = Circle the Reading Intervention Tier Level if applicable. Circle None if the tier level does not apply.
 - c. Bldg/Rm = list the building and room in which you are providing the service
 - d. Indicate the amount of minutes in which you are providing service per day or days

Example provided below:

Reading Coach / Resource Teacher

DISTRICT APPROVED SUBJECT SCHEDULING DATA COLLECTION FORM

ENTER ONLY 1 HOMEROOM PER SHEET - DO NOT MIX HOMEROOMS - Indicate the amount of time in minutes on each day of service

Your Name: JANIE ARVY

TSE#: 704

Note: This is not your EID#.

Homeroom TCH Name: TINA ROBERTS

Std.#: 123465	Indicate the amount of time in minutes per day(s)						
First Name: AMANDA	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: SMITH	Language Arts	1-101	30		30		
Grade: 3							
Team: REGULAR	Math	2-105		45		45	
Tier Level: 2 <u>3</u> None							

Std.#: 145214	Indicate the amount of time in minutes per day(s)						
First Name: AMARI	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: JONES	Language Arts						
Grade: 4							
Team: REGULAR	Math	2-105		30			
Tier Level: 2 3 <u>None</u>							

Std.#: 488933	Indicate the amount of time in minutes per day(s)						
First Name: KATY	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: COLLINS	Language Arts	1-101	30	30		30	
Grade: 4							
Team: REGULAR	Math						
Tier Level: <u>2</u> 3 None							

Please consult with your Data Entry if you have questions in reference to completing your data collections sheets.