

APPENDIX B:
STUDENT PROFILE

APPENDIX B: SECTION I

Cohort 3 – Students who did *not* receive *preschool* special education services during 2000-2001, entered Kindergarten in 2001-2002, and received services at some point between Kindergarten and fourth grade.

Cohort 1 – Students who received *preschool* special education services during 2000-2001 and entered Kindergarten in 2001-2002.

YR 1	YR 2	YR 3	YR 4	YR 5	YR 6	YR 7
2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007

Cohort 2 – Students who received *preschool* special education services during 2000-2001 or 2001-2002 and entered Kindergarten in 2002-2003.

Cohort 4 – Students who did *not* receive *preschool* special education services during 2000-2001 or 2001-2002, entered Kindergarten in 2002-2003, and received services at some point between Kindergarten and fourth grade.

Timelines

 **Student Data** is completed twice annually (*December 1, 2005, and June 30, 2006*) and **must be submitted to MGT by February 15, 2006 and August 15, 2006.**

 **Teacher Observation Packets** for all second grade students (Cohorts 2 and 4) and for all third grade students (Cohorts 1 and 3) should be completed in **May and June 2006** and must be submitted by **June 30, 2006.** The teacher packets include three brief checklists which provide us with teacher observations of children's progress. These observations will be explained in detail in Section III.

FREQUENTLY ASKED QUESTIONS

1. ***A student in the study is retained a year and is currently in a grade that is lower than the grade level expected for a student of his or her age. Is the student still included in the study?***

Answer: Yes. Once a student has been identified for the study, the student remains in the study. In this case, the student's correct grade will be recorded in MGT's database, the student's special education services data will continue to be collected, and you will be mailed a *grade-appropriate Teacher Packet* for this student. The student's cohort identification will remain unchanged. Once assigned, the cohort identification of each student will never change.

2. ***A student is declassified and no longer receives special education services. How should this student be treated in terms of the study?***

Answer: Once a student has been identified for the study, the student remains in the study. The only circumstance in which a student is removed from the study is if the student moves out of the district entirely and does not move into a district participating in the study. Although declassified students may no longer receive any special education services, MGT will continue to ask the teachers of declassified students in each of the four cohorts to complete Teacher Packets annually. Several important study questions require that the outcome data from the Teacher Packets be completed for both classified and declassified students.

3. ***If a student moves into a study district from a nonstudy district and received preschool special education services in that nonstudy district, is he or she in the study? If so, what do we do about that student's preschool special education services?***

Answer: Yes, the student is in the study. We may have a few students who came from nonstudy districts with preschool special education. MGT will create a database to track who those students are and to the extent possible retrieve preschool data on them. Those students will remain in the study as a member of Cohort 1 or 2. Please alert MGT to any students who fall into this category.

If you have any questions about the study or the contents of these materials, please contact Chad Gibson at (850) 386-3191 or cgibson@mgtamer.com.



APPENDIX B: SECTION II STUDENT INFORMATION PROFILE DATABASE SPECIFICATIONS

The electronic transfer of databases provides a snapshot of student programs and services at two times during the school year (*December 1, 2005, and June 30, 2006*). **The December 1, 2005, database transfer is due to MGT of America by February 15, 2006. The June 30, 2006, data transfer is due to MGT of America by August 15, 2006.**

Please contact Chad Gibson at (850) 386-3191 or cgibson@mgtamer.com if you require clarification or additional training for this year's data download

The transfer procedures are briefly described below for the major data collection systems. These systems provide MGT with the most of data required by the study, but each of the different data collection systems misses a few key elements. After submission, data elements not included in the Part 200 downloads will be identified by MGT, and a needs assessment addressing the missing data elements will be distributed to the district Project Manager to complete and return to MGT.

Since each school district is unique, please contact Chad Gibson at MGT prior to forwarding your database to assure that our technology and technicians are prepared to upload the data as soon as it arrives.

PART 200 DISTRICTS

The Part 200 system includes most of the information required. This system has developed a report to extract the data required for the study.

Instructions for Downloading Student Program and Service Information from Part 200:

- ◆ To run Part 200 for the **December 1** download:
 1. Go to **State Report | Preschool Survey | Second Grade Survey**.
 2. Enter the following dates:
 - School Year: 2005
 - Click on December
 - Service Date Range Start Date: 07/01/05
 - Service Date Range End Date: 12/01/05
 - Birthday Date Range Start Date: 12/01/96
 - Birthday Date Range End Date: 12/01/98

3. Click the **Run Extract** button.
 4. This will save files in the Part 200 directory (KG_survey_dec.txt, KG_surveycom_dec.txt).
 5. Then e-mail all files to cgibson@mgtamer.com.
 6. To run the **June 30** report, go back to **State Report | Preschool Survey | Second Grade Survey**.
 7. Enter the following dates:
 - School Year: 2005
 - Click on June
 - Service Date Range Start Date: 12/02/05
 - Service Date Range End Date: 06/30/06
 - Birthday Date Range Start Date: 12/01/96
 - Birthday Date Range End Date: 12/01/98
 8. Click the **Run Extract** button.
 9. This will save files in the Part 200 directory (KG_survey_june.txt, KG_surveycom_june.txt).
 10. Then e-mail all files to cgibson@mgtamer.com.
- If you need help please call **Chad Gibson** at (850) 386-3191.

CLEARTRACK DISTRICTS

ClearTrack also provides MGT with the option of extracting data directly from their system. School districts that are using ClearTrack for the first time this school year, If you prefer not to use this option, please let us know so that we can work with your ClearTrack representative, to ensure that the report function is available to you and is ready to use so that you can transfer your data to MGT of America, Inc.

IEP DIRECT DISTRICTS

In the fall of 2004 MGT of America, Inc. and IEP Direct collaborated to establish a reporting system to submit your service data. IEP Direct will forward your data files for December 1, 2005 and June 30, 2006 directly to MGT. Therefore, for school districts using IEP Direct, you do not need to take any action for the data to be extracted as it will be handled for you.

OTHER DISTRICTS

Districts that do not participate in the special education data management systems described above retrieve data from their own systems and submit these data electronically to MGT via e-mail or CD-ROM, or by entering the data on-line at the project's Web site.

Contents of the Student Information Profile
Crosswalking Service Data from School Database to MGT Database

The section below describes the contents of the Student Information Profile. This section may be used as a worksheet for districts that use their own data management systems to ensure that all data collection fields are clearly labeled and included in your download to MGT of America, Inc. It asks you to identify your district's database fields so that they can be matched correctly with MGT's database.

1. **MGT's Field Name:** The first column of the crosswalk displays the name MGT has given to each field in our database. Your school district's field name does not have to be the same as MGT's, but must be described accurately using the crosswalk.
2. **MGT's Field Type:** The second column of the crosswalk displays the type of field that MGT will use to construct our database after we receive your data transfer. For example, this column tells you whether the field will be a numeric field or a text field in MGT's database. Your data fields do not have to be identical; however, we must be able to translate your data into the format specified for this field.
3. **MGT's Field Description:** The third column of the crosswalk provides a brief description of the data elements for each field. A detailed definition of each of the data elements is available from your MGT representative.
4. **School District's Field Name:** You must enter information in the fourth column. For each of MGT's data elements please provide the corresponding name of the data element in your district's database. Use the MGT Field Description. If you need further clarification, please contact Chad Gibson.
5. **School District's Field Type:** You must enter information in the fifth column. For each data element, please provide the type of field in your database. Tell us whether it is alpha, numeric, date, or any other type of field.
6. **School District's Field Size:** You must enter information in the sixth column. For each data element, please indicate the size of the field in your database. Most programs have a function that summarizes the data size for each field. Technical assistance is available if you have questions about this function.
7. **School District's Description:** You must enter information in the seventh column. For each data element, please write or attach a brief clarifying description of your data fields as necessary. For example, if a data element contains codes, please provide a list of codes and their meanings.

**APPENDIX B: SECTION III
MGT DATABASE SPECIFICATIONS (DEMOGRAPHICS AND SERVICES)
STUDENT INFORMATION PROFILE***

I. SCHOOL-AGE STUDENT INFORMATION						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
New_ID	Numeric	Student's Unique Identifier				
YearID	Numeric	Year of Record (1-6)				
stNum	Numeric	Student's ID Number				
DID	Numeric	Student's District Code				
lname	Alpha	Student's Last Name				
fname	Alpha	Student's First Name				
CurGrade	Numeric	Student's Current Grade 1 = Kindergarten 2 = First Grade 3 = Second Grade 4 = Third Grade 5 = Fourth Grade				
dob	Numeric	Student's Date of Birth (mmddyyyy)				
gender	Numeric	1 = female, 2 = male				
ethnicity	Numeric	Ethnicity 1 = American Indian or Alaskan Native 2 = Asian or Pacific Islander 3 = Black (not of Hispanic Origin) 4 = Hispanic 5 = White (not of Hispanic Origin)				
FARM	Numeric	Student Qualifies for Free/Reduced Lunch 1 = yes 2 = no				

* Several fields in the database were not used or were used exclusively for matching students and are no longer applicable. These fields will not be described in the database specifications. The order of fields in the database specifications will not necessarily match the order in the databases.

I. SCHOOL-AGE STUDENT INFORMATION (Continued)						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
cohort	Numeric	Cohort 1 = Entering Kindergarten in 2001-02 (with pre-K spec. ed.) 2 = Entering Kindergarten in 2002-03 (with pre-K spec. ed.) 3 = Entering Kindergarten in 2001-02 (no pre-K spec. ed.) 4 = Entering Kindergarten in 2002-03 (no pre-K spec. ed.)				
Plname	Alpha	Primary Caregiver's Last Name				
Pfname	Alpha	Primary Caregiver's First Name				
addr	Alpha	Primary Caregiver's Address				
apt	Alpha	Primary Caregiver's Apartment Number				
city	Alpha	Primary Caregiver's City				
st	Alpha	Primary Caregiver's State				
zip	Numeric	Primary Caregiver's ZIP Code (99999 or 999999999)				
eip3	Numeric	Birth - 3 Services 1 = yes 2 = no				
dip	Numeric	Deaf Infant Program 1 = yes 2 = no				
ptname	Alpha	Primary Teacher's Name				
sname	Alpha	School Name				
schcode	Alpha	School Code				
schphone	Alpha	School Phone Number				
schaddr1	Alpha	School Street Address				
schaddr2	Alpha	School City, State, ZIP				
ptemail	Alpha	Primary Teacher's E-mail Address				

I. SCHOOL-AGE STUDENT INFORMATION (Continued)						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
tchassgn	Numeric	Teacher Assignment 1 = General Education Classroom 2 = Special Education Classroom 3 = Team (General/Special Education) Classroom 99 = Preschool Services Only				
Dc2000date	Numeric	Date Preschool Disability Category (mmddyyyy)				
Declass	Numeric	1 = Declassified				
Decldate	Numeric	Date Student Declassified (mmddyyyy)				
Reclass	Numeric	1 = Reclassified				
Recldate	Numeric	Date Student Reclassified (mmddyyyy)				
newclass	Numeric	1 = Newly Classified				
newcdate	Numeric	New Classification Date				
moved	Numeric	1 = Moved out of District				
movedate	Numeric	Date Student moved out of District (mmddyyyy)				
note	Numeric	1 = Note				
notetext	Memo	Note Text				
cse(year)Cat	Numeric	01 = Autism 02 = Deafness 03 = Deafness and Blindness 04 = Emotional Disturbance 05 = Hearing Impairment 06 = Learning Disabilities 07 = Mental Retardation 08 = Multiple Disabilities 09 = Orthopedic Impairment 10 = Other Health Impairment 11 = Speech Impairment 12 = Traumatic Brain Injury 13 = Visual Impairment (Includes Blindness)				

I. SCHOOL-AGE STUDENT INFORMATION (Continued)						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
pd4Setting	Numeric	1 = Early Childhood Setting 2 = Early Childhood Special Education Setting 3 = Home 4 = Itinerant Service Outside of Home (in Hospital) 5 = Part-Time Early Childhood Setting/Part-Time Early Childhood Special Education Setting 6 = Residential Facility 7 = Separate School 8 = Not Reported as of December 1, 2000				
pd7setting	Numeric	1 = Related Services Only 2 = Special Education Itinerant Teacher (SEIT) Services Only 3 = Related Services and SEIT Services 4 = Half-Day (2.5 hours or less) Special Class Program in Integrated Setting 5 = Half-Day (2.5 hours or less) Special Class Program in Segregated Setting 6 = Full-Day (more than 2.5 hours, up to 3 hours) Special Class Program in Integrated Setting 7 = Full-Day (more than 2.5, up to 3 hours) Special Class Program in Segregated Setting 8 = Full-Day (more than 3 hours, up to 4 hours) Special Class Program in Integrated Setting 9 = Full-Day (more than 3 hours, up to 4 hours) Special Class Program in Segregated Setting 10 = Full-Day (more than 4 hours) Special Class Program in Integrated Setting 11 = Full-Day (more than 4 hours) Special Class Program in Segregated Setting 12 = Residential Program 13 = Not Reported as of June 30, 2001				
Reged	Numeric	1 = Regular Education				
Fullday	Numeric	1 = Full-day				

I. SCHOOL-AGE STUDENT INFORMATION (Continued)						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
Halfday	Numeric	1 = Half-day				
kghrsday	Numeric	Number of Hours per Day in School				
pd14out	Numeric	PD-1/4 Time Outside of the Classroom 1 = 0-20% 2 = 21-60% 3 = More than 60%				
halfsvc	Numeric	Services Provided for Half-day Kindergarten (Kg Only) 1 = During the Half-day Kindergarten Program 2 = In addition to the Half-day Kindergarten Program 3 = During and in addition to the Half-day Kg Program				
sepstg	Numeric	1 = Separate Setting				
dayschl	Numeric	1 = Day School				
resid	Numeric	1 = Residential				
dayloc	Numeric	Location of Day School Setting 1 = Special Education Public 2 = Special Education Private 3 = Home or Hospital or Other Non-Public Facility				
resloc	Numeric	Location of Residential Setting 1 = Public 2 = In-State Private School 3 = Out-of-State Private School				

I. SCHOOL-AGE STUDENT INFORMATION (Continued)						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
loi	Numeric	Language of Instruction 1 = English Only 2 = Totally or Primarily in the Native Language 3 = English and the Native Language				
Loinl	Numeric	01 = Arabic 02 = Bengali 03 = Chinese 04 = French 05 = German 06 = Haitian-Creole 07 = Hebrew 08 = Japanese 09 = Korean 10 = Polish 11 = Portuguese 12 = Russian 13 = Spanish 14 = Urdu 15 = Vietnamese 16 = Yiddish 17 = Other				
II. TYPE OF IEP SERVICES						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
tmp	Numeric	Participation in 12-Month Service 1 = yes 2 = no				

II. TYPE OF IEP SERVICES (Continued)						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
tos	Numeric	Type of 10-Month Service 1 = Supplementary Aids and Services 2 = Transitional Support Services 3 = Related Services (servIDs 1-13 only) 4 = Consultant Teacher Services (servID 14 and/or 1-13) 5 = Resource Room Program (servID 15 and/or 1-14) 6 = Special Class (servID 16 and/or 1-15)				
Tos_12	Numeric	Type of 12 -Month Service 1 = Supplementary Aids and Services 2 = Transitional Support Services 3 = Related Services (servIDs 18-30 only) 4 = Consultant Teacher Services (servID 31 and/or 18-30) 5 = Resource Room Program (servID 32 and/or 18-31) 6 = Special Class (servID 33 and/or 18-32)				

III. 10-MONTH (SEPTEMBER–JUNE) AND 12-MONTH (JULY–AUGUST) PROGRAMS AND/OR SERVICES

The following sections must be duplicated and completed for each service.

MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
servID	Numeric	Service ID Number 1 = 10 Month Speech Therapy PreK 2 = 10 Month Occupational Therapy PreK 3 = 10 Month Physical Therapy PreK 4 = 10 Month Assistive Technology Services PreK 5 = 10 Month Parent Counseling, Training, and/or Education PreK 6 = 10 Month Counseling PreK 7 = 10 Month SEIT PreK 8 = 10 Month Special Class Integrated PreK 9 = 10 Month Special Class PreK 10 = 12 Month Speech Therapy PreK				

III. 10-MONTH (SEPTEMBER–JUNE) AND 12-MONTH (JULY–AUGUST) PROGRAMS AND/OR SERVICES (Continued)						
The following sections must be duplicated and completed for each service.						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
servID (cont.)	Numeric	Service ID Number 11 = 12 Month Occupational Therapy PreK 12 = 12 Month Physical Therapy PreK 13 = 12 Month Assistive Technology Services PreK 14 = 12 Month Parent Counseling, Training, and/or Education PreK 15 = 12 Month Counseling PreK 16 = 12 Month SEIT PreK 17 = 12 Month Special Class Integrated PreK 18 = 12 Month Special Class PreK 101 = 10-Month Speech Therapy 102 = 10-Month Occupational Therapy 103 = 10-Month Physical Therapy 104 = 10-Month Assistive Technology Services 105 = 10-Month Counseling 106 = 10-Month Audiological 107 = 10-Month Psychological 108 = 10-Month Rehabilitation Counseling 109 = 10-Month Orientation/Mobility Services 110 = 10-Month Medical Services 111 = 10-Month School Health 112 = 10-Month School Social Work 113 = 10-Month Parent Counseling, Training, and/or Education 114 = 10-Month Consultant Teacher 115 = 10-Month Resource Room Program 116 = 10-Month Special Class 117 = 10-Month Other 118 = 12-Month Speech Therapy 119 = 12-Month Occupational Therapy 120 = 12-Month Physical Therapy 121 = 12-Month Assistive Technology Services				

III. 10-MONTH (SEPTEMBER–JUNE) AND 12-MONTH (JULY–AUGUST) PROGRAMS AND/OR SERVICES (Continued)

The following sections must be duplicated and completed for each service.

MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
servID (cont.)	Numeric	Service ID Number 122 = 12-Month Counseling 123 = 12-Month Audiological 124 = 12-Month Psychological 125 = 12-Month Rehabilitation Counseling 126 = 12-Month Orientation/Mobility Services 127 = 12-Month Medical Services 128 = 12-Month School Health 129 = 12-Month School Social Work 130 = 12-Month Parent Counseling, Training, and/or Education 131 = 12-Month Consultant Teacher 132 = 12-Month Resource Room Program 133 = 12-Month Special Class 134 = 12-Month Other				
type	Numeric	Type of Service (Used for Related Services and Resource Room) 1 = Individual 2 = Group				
Period	Numeric	Period of Service 1 = 10-Month Service (September–June) 2 = December Only (from September–December) 3 = June Only (from December–June) 4 = 12-month/summer Only (July–August)				
freq	Numeric	Frequency of Session (Used for Related Services and Resource Room) 1 = Daily 2 = Weekly 3 = Monthly (Used for Parent Counseling) 4 = Periodically (Used for Parent Counseling)				

III. 10-MONTH (SEPTEMBER–JUNE) AND 12-MONTH (JULY–AUGUST) PROGRAMS AND/OR SERVICES (Continued)						
The following sections must be duplicated and completed for each service.						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
Provider	Alpha	Preschool Service Provider				
num_sess	Numeric	Number of Sessions (Used for Related Services and Resource Room)				
min_sess	Numeric	Minutes per Session (Used for Related Services and Resource Room)				
location	Numeric	Location of Service (Used for Related Services and Resource Room) 1 = General Education Classroom 2 = Classroom or Office in General Education Building 3 = Classroom or Office in Separate Building 4 = Combination				
locparent	Numeric	Location of Service (Used for Parent Counseling) 1 = Home-based 2 = School-based 3 = Community-based				
involve	Numeric	Involvement (Used for Related services and Resource Room) 1 = One-to-One 2 = All Typical Peers 3 = All Disabled Peers 4 = Combination				
involcon	Numeric	Involvement (Used for Consultant Teacher) 1 = Indirect 2 = Direct 3 = Both				

III. 10-MONTH (SEPTEMBER–JUNE) AND 12-MONTH (JULY–AUGUST) PROGRAMS AND/OR SERVICES (Continued)						
The following sections must be duplicated and completed for each service.						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
Coord	Numeric	Frequency of Coordination (Used for Resource Room) 1 = Daily 2 = Weekly 3 = Monthly 4 = Only if Requested 5 = Not at All				
scclsz	Numeric	Class Size (Used for Special Class) 1 = 6:1:1 2 = 8:1:1 3 = 10:1:1 4 = 12:1:1 5 = 12:1:4 6 = 15:1 7 = 15:1:1 8 = Other				
othratio	Alpha	Other Class Size Ratio				
sessleng	Numeric	Length of Session 1 = Half-day Special Education Only 2 = Half-day Special Education and General Education 3 = Full-day Special Education Only 4 = Full-day Special Education and General Education				
scloc	Numeric	Location of Service (Used for Special Class) 1 = In General Education Building with Age Typical Peers 2 = In General Education, Students Are Not the Same Age Range 3 = BOCES - Separate Setting 4 = Private 5 = Other				

III. 10-MONTH (SEPTEMBER–JUNE) AND 12-MONTH (JULY–AUGUST) PROGRAMS AND/OR SERVICES (Continued)						
The following sections must be duplicated and completed for each service.						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
Loitp	Numeric	Level of Interaction with Typical Peers (Used for Special Class) 1 = No Interaction with Typical Peers 2 = Incidental Interaction with Typical Peers 3 = Regular, Planned Interaction with Typical Peers 4 = Team Taught with Typical Peers				
toitp	Numeric	Level of Interaction with Typical Peers (Preschool) 1 = No interaction with typical peers 2 = Incidental interaction with typical peers 3 = Regular, planned interaction with typical peers				
serv_same	Numeric	10-Month Same as 12-Month Services 0 = No 1 = Yes				
oea1	Numeric	1 = One-to-One Aide				
oea2	Numeric	1 = Testing Accommodations				
oea3	Numeric	1 = Program Modifications and Support				
oea5	Numeric	1 = Other				
Oeca8Other	Alpha	Other (oea8) Specified				
testacc	Numeric	1 = Testing Accommodations: Flexible Setting				
testacc1	Numeric	1 = Test Acc: Revised Text Format				
testacc2	Numeric	1 = Test Acc: Revised Test Directions				
testacc3	Numeric	1 = Test Acc: Use of Aids				
testacc4	Numeric	1 = Test Acc: Other Accommodations				
prgmmod	Numeric	1 = Program Accommodations/Modifications and Support: Setting				
prgmmod1	Numeric	1 = Prg Mod: Timing				
prgmmod2	Numeric	1 = Prg Mod: Scheduling				
prgmmod3	Numeric	1 = Prg Mod: Presentation				
prgmmod4	Numeric	1 = Prg Mod: Response				

IV. OTHER EDUCATIONALLY RELATED SUPPORT SERVICES/NOT SPECIAL EDUCATION						
MGT's Field Name	MGT's Field Type	MGT's Field Description	School District's Field Name	School District's Field Type	School District's Field Size	School District's Field Description
accoplan	Numeric	1 = Section 504 Accommodation Plan				
spchlang	Numeric	1 = Speech and Language Improvement Services				
currmod	Numeric	1 = Curriculum and Instructional Modifications				
stusupp	Numeric	1 = Direct Student Support Team Services				
couns	Numeric	1 = Counseling Services				



APPENDIX B: SECTION IV INSTRUCTIONS FOR COMPLETING TEACHER PACKETS 2006

Your school district is assisting the New York State Education Department by participating in a seven-year longitudinal study. The study compares the development and progress of two groups of children as they proceed through grade 4. The first group of children received preschool special education programs and/or services as three- and/or four-year-olds; the comparison group of students with disabilities did not.

This year, some of the children in your classroom are already in the study. You may also have students who during this school year, have been newly classified as having a disability. Please complete a Teacher Packet for both groups of children. The Teacher Packets provide us with your observations regarding each child's progress in terms of educational achievement, emotional well-being, and social adjustment. Each packet contains three parts: A, B, and C, all of which must be submitted for each student. A sample Teacher Packet is attached for your review.

Distribution and Return - Note to School District Contact

- Please find enclosed a list of students currently enrolled in the study, a Teacher Packet for each child and extras for newly identified children, as well as sample packet for each and additional scannable forms for newly identified students. Please contact Chad Gibson (cgibson@mgtamer.com) or use the enclosed T-CRS Request Form if you need additional scannable forms for newly identified students.
- The bottom of the first page of the Teacher Packet describes which teacher or combination of teachers (if there is more than one) should be completing the observations for a particular student. For students served in general education, packets will need to be completed either by the special education teacher or in collaboration with the special education teacher. Should this be the case, please ensure that the appropriate teachers collaborate and that the packet and appropriate instructions are forwarded to the correct individual.

Please return all completed Teacher Packets to your district's Project Manager during the last week of May 2006 so they can be returned to MGT of America, Inc. by June 30, 2006.

DIRECTIONS FOR COMPLETING TEACHER PACKETS

- Parts of the Teacher Packet are scanned electronically. Please make sure to use a **Number 2 pencil** to complete the document.
- Enter the identifying information at the top of the first page of the teacher packet and enter the student's ID number and demographic information. **No names, please. Make sure the student's ID number is printed clearly on each page.** To ensure that Teacher Packets are matched to the correct student, please make certain to enter the student's gender and date of birth.
- The packet contains three parts:
 - Part A: Participation in the General Education Classroom. This section should be completed in May. Enter the student's ID number and put one check mark in each of the four sections to indicate the level of special assistance the student typically needs in the general education classroom.
 - Part B: The Teacher-Child Rating Scale. This section should also be completed in May. Enter the student's ID number, grade, month, and year; your name and the name of the school; and the child's gender, and then fill in the oval for "final." Rate how much you agree or disagree with each of the 32 statements in terms of how they describe the child.
 - Part C: Work Sampling System. Part C of the Teacher Packet comes with a sheet titled "About the Developmental Checklist" and copies of the developmental guidelines for each grade level. This sheet provides additional direction on how to complete Part C of the Teacher Packet using the developmental guidelines for your grade level. **We suggest you review this tool and practice using it at least once during the winter months. For each student, mark boxes under W, which stands for "winter."** This provides you with an understanding of the process for completing the observation. Using the practice administration of the Work Sampling System will also make it easier and quicker to complete the process later in the year. **In May, provide an assessment for each of the students, marking the boxes under S, which stands for "spring."**

At the beginning of the study, representatives from your district received training in the administration of the Teacher Packets. For a detailed overview of the administration of Teacher Packets, you may wish access the PowerPoint presentation on the project Web site (<http://nypk.mgtamer.com>) or contact Chad Gibson at cgibson@mgtamer.com or (850)386-3191.

Thank you very much for your assistance with this important statewide study.



APPENDIX B: SECTION V PRESCHOOL STUDENT INFORMATION PROFILE¹

INTRODUCTION

This section of the data collection manual provides a detailed description of the data elements that will be collected by the Preschool Student Information Profile. If you did not have the opportunity to participate in on-line technical assistance during your school district's orientation to the study, please contact MGT of America, Inc., and we will review this section of the manual with you by phone.

To schedule a time for technical assistance, e-mail Dee Torre at dtorre@mgtamer.com or Nancy Copa at ncopa@mgtamer.com. If you have any technical problems accessing this data collection form on-line please e-mail Lisa Fisher at lfisher@mgtamer.com or call and ask for Lisa or a representative from MGT's Technical Support Division at (850) 386-3191.

In the pages that follow, you will find on the left-hand side of the manual a sample of each Web page in the Preschool Student Information Profile. The table directly opposite on the right-hand side of the manual provides a description of each data element and instructions for entering this information into the on-line data collection form. As stated in Section I, the Overview of Year One Data Collection, ***please do not enter any information into the Preschool Student Information Profile until you have completed your district's transfer of existing data and have finalized your plan for additional Year One data collection with MGT's Database Manager.***

The information in this section is designed to supplement the technical assistance you have already received in completing this form. If at any time you have questions or require further clarification of the data elements, please click on the **Glossary** icon on the district map for a more detailed definition of the study terms or contact Dee Torre or Nancy Copa at the addresses above. We appreciate your participation in this critical study and look forward to working with you.

GENERAL INSTRUCTIONS

The Preschool Student Information Profile is designed to provide easy and efficient data entry. To complete the form use the following general procedures:

- Use your tab key or mouse to move from box to box;
- To enter data in the check boxes, click with the mouse and a check will appear in the box. To remove the check, repeat the click on the box; and

¹ The sample student record in this section contains fictitious data.

- If at any time you need to leave your work and return later, click on the "submit" button located at the bottom of selected pages. Your data will then be saved and displayed the next time you



Log In Page

Please enter your username and password.

UserName:

Password:



log in.



**Good Afternoon Nancy Copa.
You entered this page at 12:54 PM**

New York

[Add A New Student](#)

Current Date: 06/08/2001

BEDS Code: 300000010000

Stu. Num.	Name	DOB		
300000010000-1	Billings, Bob	12/25/1996	[Edit]	[Change Status]

FIRST STEPS

Step 1: Locate Your District on the Web Site

Use your Internet browser to access the Web site located at ***http://nypk.mgtamer.com***. From the home page click on the ***District*** button. The next page provides a map of all of school districts across the state that are participating in the study. Click on your district's name in the school district list or on the map to reach the Log-In Page.

Step 2: Log-In

Enter your username and password in the designated boxes and submit. If your log-in is successful, your district's name and address will appear followed by two questions. Please answer the two questions at the bottom of the page or click on "***continue***" to reach the student page. This page will appear each time you log-in until the questions about your district's dates for kindergarten eligibility and July–August programs have been answered. Data collection on students begins on the student page. This page will greet you by name and display the time at which you entered the page.

Step 3: Add or Edit Student Data

The top of the student page of the Preschool Student Information Profile displays the name of your school district, the current date, and the BEDS code for the school district.

Below the line in the middle of the page are five columns:

1. Student Number,
2. Name,
3. Date of Birth (DOB)
4. Edit and
5. Change Status.

From this page you can perform the following functions:

To Find a Student: You can search for a student by using the Student Number, their name (Last Name, First Name), or their Date of Birth.

To Edit: Click on this button to edit any of the information entered for a particular student.

To Change Status: ***Do not use this function during Year One of the study.***

To Add a Student: Next to your school district's name at the top of the page is an icon to "***Add a New Student.***" ***Use this function only if a student's name does not appear in the list below the line.***

I. PRESCHOOL STUDENT INFORMATION

Current Date: 06/05/2001

District Code: 300000010000

Edit Preschool Student Information Profile

[Back to Student List](#)

[Add A New Student](#)

I. PRESCHOOL STUDENT INFORMATION

A. Student Name

Last Name	First Name	Student Id
<input type="text" value="Billings"/>	<input type="text" value="Bob"/>	300000010000-1

B. Age, Gender, Ethnicity

Date of Birth: / / Age Years: Months:

Gender: Male Female Ethnicity:

Cohort:

C. Primary Caregiver

Last Name: First Name (s):

Street: Apt. No:

City: State: Zip:

D. Birth - 3 Services

Did this child receive services from the Department of Health Early Intervention Program (EIP / Birth - 3)?

Yes No

Did this child attend the Deaf Infant Program?

Yes No

I. PRESCHOOL STUDENT INFORMATION (Continued)

This section asks for information about the student's name, age, gender, ethnicity, and primary caregiver. The Section also asks about the student's participation in Birth - 3 Services.

A. STUDENT NAME		
1a	Student Last Name	Type in the student's last name in the appropriate box.
1b	Student First Name	Type in the student's first name in the appropriate box.
2	Student ID	If the school district already has a student ID assigned, this ID will be used in the analysis. If not, the student ID will be automatically generated after "Add A New Student" is submitted. You may not enter data under Student ID.
3	Date of Birth	Enter the student's Date of Birth in the format Month/Day/Year (mm/dd/yyyy). For example, a birth date of December 1, 1999, would be entered as 12/31/1999. The student's age in years and months will be automatically calculated and does not need to be entered.
B. AGE, GENDER, ETHNICITY		
4	Gender	To enter Gender, click in front of either Male or Female.
5	Ethnicity	To enter Ethnicity, click on the scrollbar to select a category. The following categories are consistent with PD-4 definitions: <ul style="list-style-type: none"> ■ American Indian or Alaskan Native ■ Asian or Pacific Islander ■ Black (not of Hispanic origin) ■ Hispanic ■ White (not of Hispanic origin) To select a category, scroll down until the cursor is over the appropriate category and click on it. The selected category should show in the box.
6	Cohort	Enter the student's cohort for this study. Choose from the categories in bold only during Year One: <ul style="list-style-type: none"> ■ Preschooler entering Kindergarten in 2001-02 (with spec. ed.) ■ Preschooler entering Kindergarten in 2001-02 (without spec. ed.) ■ Preschooler entering Kindergarten in 2002-03 (with spec. ed.) ■ Preschooler entering Kindergarten in 2002-03 (without spec. ed.)
C. PRIMARY CAREGIVER		
7a	Primary Caregiver Last Name	For the purpose of this study, the primary caregiver (parent/guardian) will be the individual who receives the parent survey. Type in the primary caregiver's last name in the appropriate box.
7b	Primary Caregiver First Name	Type in the primary caregiver's first name in the appropriate box.

I. **PRESCHOOL STUDENT INFORMATION** (Continued)

Current Date: 06/05/2001

District Code: 300000010000

Edit Preschool Student Information Profile

[Back to Student List](#)

[Add A New Student](#)

I. PRESCHOOL STUDENT INFORMATION

A. Student Name

Last Name	First Name	Student Id
<input type="text" value="Billings"/>	<input type="text" value="Bob"/>	300000010000-1

B. Age, Gender, Ethnicity

Date of Birth: / / Age Years: Months:

Gender: Male Female Ethnicity:

Cohort:

C. Primary Caregiver

Last Name:	<input type="text" value="Billings"/>	First Name (s):	<input type="text" value="James"/>
Street:	<input type="text" value="1254 Bobcat St"/>	Apt. No:	<input type="text" value="25"/>
City:	<input type="text" value="New York"/>	State:	<input type="text" value="NY"/>
		Zip:	<input type="text" value="12547"/>

D. Birth - 3 Services

Did this child receive services from the Department of Health Early Intervention Program (EIP / Birth - 3)?

Yes No

Did this child attend the Deaf Infant Program?

Yes No

I. PRESCHOOL STUDENT INFORMATION (Continued)

C. PRIMARY CAREGIVER (Continued)		
8a	Street	Enter the street address of the primary caregiver.
8b	Apt. No	Enter the apartment number of the primary caregiver.
8c	City	Enter the city of the primary caregiver.
8d	State	Enter the state address of the primary caregiver. Select the appropriate State from those listed in the drop-down box. Available states include: <ul style="list-style-type: none"> ■ New York ■ Connecticut ■ Massachusetts ■ New Jersey ■ Pennsylvania ■ Vermont
8e	ZIP Code	ZIP Code entered using a drop down box. Begin typing the ZIP code and the drop down box will move to that set of numbers from which you can choose.
D. Birth - 3 Services		
9	Department of Health Early Intervention Services	Mark yes or no to the following question: Did this child receive services from the Department of Health Early Intervention Program (EIP/Birth-3)?
10	Deaf Infant Program	Mark yes or no to the question: Did this child attend the Deaf Infant Program?

Once you enter all of the information in this section click "**Submit.**" If you are adding a new student, a student ID will be automatically generated. If you are using the EDIT function, the "**Submit**" button will save your edits to the Preschool Student Information Profile.

II. STUDENT CHARACTERISTICS (Continued)

In this section of the Preschool Student Information Profile you will provide information concerning the student's Disability Category and status on the PD-4 and PD-7 reports submitted to the New York State Education Department (NYSED) for the 2000-2001 school year.

A. PRESCHOOLER'S DISABILITY CATEGORY AS OF DECEMBER 1, 2000		
11	Date Classified	Enter the date the student's disability was classified, in the Month/Day/Year format (mm/dd/yyyy).
12	Disability Category	Next to the Date Classified, select the student's Disability Category as of December 1, 2000, when your district filed the PD-4 report. These categories include: <ul style="list-style-type: none"> ■ Students classified after Dec. 1, 2000, but before July 1, 2001 ■ Preschool Student with a Disability (Not Specified) ■ Preschool Student with a Disability (Specified) If you did not select the "Preschool Student with a Disability (Specified)" option, please skip to Step 14.
B. IF THE PRESCHOOLER'S DISABILITY IS SPECIFIED ON THE IEP, CHECK ALL THAT APPLY:		
13a	Preschooler's Disability Category is Specified on the IEP.	If you selected the "Preschool Student with a Disability (Specified)" option, please click on all the appropriate boxes to specify the disability characteristics on the student's IEP. If the student has a disability characteristic that is not listed but appears on the IEP (e.g., Attention Deficit Disorder), type the information under "Enter all other characteristics that apply."
C. PD-4 IEP SETTING AS OF DECEMBER 1, 2000		
14	PD-4 IEP Setting, December 2000	Select the PD-4 setting that was reported to NYSED for this student on December 1, 2000. Categories include: <ul style="list-style-type: none"> ■ Early Childhood Setting ■ Early Childhood Special Education Setting ■ Home ■ Itinerant Service Outside of Home (in Hospital) ■ Part-Time Early Childhood Setting/Part-Time Early Childhood Special Education Setting ■ Residential Facility ■ Separate School ■ Not Reported as of December 1, 2000 If you need assistance, click on the "Click here to view PD-4" icon, which will take you to the state's definition for the PD-4 Form.

II. STUDENT CHARACTERISTICS (Continued)

D. PD-7 IEP Setting as of June 30, 2001: [Click here to view the PD-7 Document](#)
 Related Services and SEIT Services

E. If the Preschooler enters Kindergarten 2001-2002, what is the CSE Classification? (if known)

Disability Classification:
 Autism

Check all other characteristics indicated on the IEP that apply:

<input checked="" type="checkbox"/> Autism	<input checked="" type="checkbox"/> Deafness	<input checked="" type="checkbox"/> Deafness and Blindness
<input checked="" type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Learning Disability	<input checked="" type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Traumatic Brain Injury
	<input type="checkbox"/> Visual Impairment (Incl. Blindness)	

Enter all other characteristics that apply:
 Fetal Alcohol Syndrome

Update Student Characteristics

When you have finished **Section II. Student Characteristics**, please click on the **"Update Student Characteristics"** button to save the data you have entered.

II. STUDENT CHARACTERISTICS (Continued)

D. PD-7 IEP SETTING AS OF JUNE 30, 2001		
15	PD-7 IEP Setting as of June 30, 2001	<p>Select the PD-7 setting to be reported to SED for this student as of June 30, 2001. Categories include:</p> <ul style="list-style-type: none"> ■ Related Services Only ■ Special Education Itinerant Teacher (SEIT) Services Only ■ Related Services and SEIT Services ■ Half-Day (2.5 hours or less) Special Class Program in Integrated Setting ■ Half-Day (2.5 hours or less) Special Class Program in Segregated Setting ■ Full-Day (more than 2.5, up to 3 hours) Special Class Program in Integrated Setting ■ Full-Day (more than 2.5, up to 3 hours) Special Class Program in Segregated Setting ■ Full-Day (more than 3, up to 4 hours) Special Class Program in Integrated Setting ■ Full-Day (more than 3, up to 4 hours) Special Class Program in Segregated Setting ■ Full-Day (more than 4 hours) Special Class Program in Integrated Setting ■ Full-Day (more than 4 hours) Special Class Program in Segregated Setting ■ Residential Program <p>If you need assistance, click on the "Click here to view the PD-7 Document" icon, which will take you to the state's definition for the PD-7 Form. <u>Please note: these data should be consistent with the data you will submit during the Summer of 2001. If you have not yet determined this setting designation, please submit these data at a later date.</u></p>

If you selected the cohort (see page 4, I. Preschooler Student Information) "Preschooler entering Kindergarten in 2001-2002 (with spec. ed)" please complete Section E below (if known). If not, click on "Update Student Services" and begin Section III, Type of Services.

E. IF THE PRESCHOOLER ENTERS KINDERGARTEN 2001-2002, WHAT IS THE CSE CLASSIFICATION (IF KNOWN)																		
16	CSE Classification for 2001-2002 (if known)	<p>If the preschooler enters Kindergarten in 2001-2001, what is the CSE Classification? Categories include:</p> <table border="0"> <tr> <td>■ Autism</td> <td>■ Orthopedic Impairment</td> </tr> <tr> <td>■ Deafness</td> <td>■ Other Health Impairment</td> </tr> <tr> <td>■ Deafness and Blindness</td> <td>■ Speech Impairment</td> </tr> <tr> <td>■ Emotional Disturbance</td> <td>■ Traumatic Brain Injury</td> </tr> <tr> <td>■ Hearing Impairment</td> <td>■ Visual Impairment</td> </tr> <tr> <td>■ Learning Disabilities</td> <td>(Includes Blindness)</td> </tr> <tr> <td>■ Mental Retardation</td> <td>■ Student was declassified.</td> </tr> <tr> <td>■ Multiple Disabilities</td> <td></td> </tr> </table>	■ Autism	■ Orthopedic Impairment	■ Deafness	■ Other Health Impairment	■ Deafness and Blindness	■ Speech Impairment	■ Emotional Disturbance	■ Traumatic Brain Injury	■ Hearing Impairment	■ Visual Impairment	■ Learning Disabilities	(Includes Blindness)	■ Mental Retardation	■ Student was declassified.	■ Multiple Disabilities	
■ Autism	■ Orthopedic Impairment																	
■ Deafness	■ Other Health Impairment																	
■ Deafness and Blindness	■ Speech Impairment																	
■ Emotional Disturbance	■ Traumatic Brain Injury																	
■ Hearing Impairment	■ Visual Impairment																	
■ Learning Disabilities	(Includes Blindness)																	
■ Mental Retardation	■ Student was declassified.																	
■ Multiple Disabilities																		
16a	Check all other characteristics indicated on the IEP that apply.	<p>If you selected a CSE Classification in step 16, please click on the appropriate boxes to check all other disability characteristics that apply. If the student has a characteristic that is not listed, type the characteristic in the "Enter all other characteristics that apply" box.</p>																

III. TYPE OF SERVICES

The following four sections are designed to collect detailed information about the type of IEP services the preschool student received during the 2000-2001 school year and the summer of 2001. **Section III** asks for an overview of 10 Month (September - June) Preschool Special Education Services. **Section IV** asks for detailed information about 10 Month Preschool Special Education Services. Similarly, **Sections V** and **VI** ask for detailed information about 12 Month Programs and/or Services (July - August Component). **Sections V** and **VI** should be completed **only if** the student's 12 Month Programs and/or Services are **different** from the 10 Month Preschool Special Education Services.

III. TYPE OF IEP SERVICES

A. Language of Instruction

a. English Only (If b or c)
 b. Totally or primarily in the native language Native Language
 c. English and the native language

B. Does this child participate in 12 month programs and/or services (July - August Component)?

Yes No

C. Please Specify 10 Month (September - June) Preschool Special Education Services

a. Related Services Only
 b. Special Education Itinerant Teacher (SEIT)
 c. SEIT and Related Services
 d. Special Class Integrated (Please Enter Related Services Below)
 e. Special Class (Please Enter Related Services Below)

When you have finished this section click on "**Update Type of Services**" to save this information.

III. TYPE OF IEP SERVICES (Continued)

This section asks about the student's language of instruction and participation in 12 month (July - August Component) and 10 month Special Education Services.

A. LANGUAGE OF INSTRUCTION		
17	<p><u>Language of Instruction</u></p> <p>a. English Only</p> <p>b. Total or Primarily in the native language</p> <p>c. English and the native language</p>	<p>Click on the appropriate Language of Instruction from the options listed. If the option (b) "Totally or primarily in the native language" or the option (c) "English and the native language" is selected, please identify the student's native language from the categories listed in the drop box, which include:</p> <ul style="list-style-type: none"> ■ Arabic ■ Bengali ■ Chinese ■ English ■ French ■ German ■ Haitian-Creole ■ Hebrew ■ Japanese ■ Korean ■ Polish ■ Portuguese ■ Russian ■ Spanish ■ Urdu ■ Vietnamese ■ Yiddish ■ Other
B. DOES THIS CHILD PARTICIPATE IN 12 MONTH PROGRAMS AND/OR SERVICES (JULY – AUGUST COMPONENT)?		
18	<p>12 Month Programs and/or Services</p>	<p>Mark yes or no to the following question: <i>Does this child participate in 12 month programs and/or services (July – August component)?</i></p> <p>If the answer is yes, please answer Sections IV, V, and VI of the Preschool Student Information Profile. If no, answer only Section IV.</p>
C. PLEASE SPECIFY 10 MONTH (SEPTEMBER – JUNE) PRESCHOOL SPECIAL EDUCATION SERVICES		
19	<p>Type of Services</p>	<p>Choose the type of services the student receives during the 10 month program. The options are:</p> <ul style="list-style-type: none"> ■ Related Services Only ■ Special Education Itinerant Teacher (SEIT) ■ SEIT and Related Services ■ Special Class Integrated ■ Special Class <p>See the on-line glossary for clarification of these options.</p>

IV. 10 MONTH (SEPTEMBER–JUNE) PRESCHOOL SPECIAL EDUCATION SERVICES**

This section asks you to provide detailed information for each of the nine special education services listed on the left. Click on the **Edit/Add Services** function for each of 10 month services. After completing each section please click on the "Add to" button to save your data and return to this page to select the next service.

IV. PLEASE ENTER 10 MONTH (SEPTEMBER - JUNE) PRESCHOOL SERVICES		
<u>SEIT</u>	1 service listed.	EDIT/ADD SERVICES
<u>Special Class Integrated</u>	4 classes listed.	EDIT/ADD CLASSES
<u>Special Class</u>	2 classes listed.	EDIT/ADD CLASSES
<u>Speech Therapy</u>	2 services listed.	EDIT/ADD SERVICES
<u>Occupational Therapy</u>	1 service listed.	EDIT/ADD SERVICES
<u>Physical Therapy</u>	1 service listed.	EDIT/ADD SERVICES
<u>Assistive Technology Services</u>	0 services listed.	EDIT/ADD SERVICES
<u>Parent Counseling, Training, and/or Education</u>	2 services listed.	EDIT/ADD SERVICES
<u>Counseling</u>	0 services listed.	EDIT/ADD SERVICES

****Please make sure that the frequency of all therapies or other IEP services provided in the student's Special Class Integrated or Special Class are entered and appear as "listed" when you return to this page.**

IV. 10 MONTH (SEPTEMBER–JUNE) PRESCHOOL SPECIAL EDUCATION SERVICES (Continued)

A detailed description of 10 month programs and/or services listed on the student's IEP is captured in this section. First, choose the type of service you wish to enter by clicking on the Edit/Add Services button next to that service. This will take you to one of the three types of data entry pages shown on page 16. Data entry requirements for SEIT and related services are identical. Please use the definitions for each field presented on page 17.

IV. PLEASE ENTER 10 MONTH (SEPTEMBER - JUNE) PRESCHOOL SPECIAL EDUCATION SERVICES		
20a	Special Education Itinerant Teacher (SEIT)	Enter SEIT Provider, Type, Frequency, Number of Sessions, Minutes per Session, Location, and Involvement. If the student also receives related services please enter each service separately by returning to the edit/add page.
20b	Special Class Integrated	If Special Class Integrated is chosen as the type of service received, enter the provider in the top box. Next, enter the number of typical and the number of disabled peers who are approved for this student's classroom. If the student receives related services in the program please enter each service separately by returning to the edit/add page.
20c	Special Class	If Special Class is chosen as the type of service received, enter the provider on the top line. Next, indicate the level of interaction the student has with typical peers: no interaction, incidental interaction or regular, planned interaction in this special class setting. If the student receives related services in the program please enter each service separately by returning to the edit/add page.

EACH UNIQUE TYPE OF SERVICE MUST BE ENTERED SEPARATELY. For example: group and individual speech therapy sessions must be entered as separate types of service under speech.

Please remember to click on "Add to" as you complete each section.

IV. 10 MONTH (SEPTEMBER – JUNE) PRESCHOOL SPECIAL EDUCATION SERVICES (Continued)

*Data entry requirements for SEIT and related services are identical.

Add to SEIT

Provider:

Type	Freq.	Num. of Sessions	Min. per Session	Location	Involvement
<input type="text"/>					

Add to Special Class Integrated

Provider:

of Typical Peers: # of Disabled Peers:

Add to Special Class

Provider:

What is the Level of Interaction with Typical Peers?

No interaction with typical peers
 Incidental interaction with typical peers
 Regular, planned interaction with typical peers

Check all IEP services that apply

Assistive Technology Devices
 One-to-One Aide
 School Health Services
 Vision Services
 Hearing Services
 Other (Please specify)

IV. 10 MONTH (SEPTEMBER–JUNE) PRESCHOOL SPECIAL EDUCATION SERVICES (Continued)

IV. PLEASE ENTER 10 MONTH (SEPTEMBER–JUNE) PRESCHOOL SPECIAL EDUCATION SERVICES (Continued)		
21	Speech Therapy; Occupational Therapy; Physical Therapy; Assistive Technology Services; Parent, Counseling and/or Education; and Counseling	This section of the Preschool Student Information Profile asks for details about services provided to the student and should be completed separately for each type of service or class on the student's IEP.
21b	Provider	Type in the approved provider for this service.
21c	Frequency	This is the frequency of the session. Choose between weekly or monthly. If the student receives both weekly and monthly sessions it is necessary to fill out two service descriptions.
21d	Type	Choose whether the session is a group session or an individual session. If the student receives both group and individual sessions it is necessary to fill out two service descriptions.
21e	Number of sessions	This is the total number of sessions that are alike. For instance, if a student attends an individual session at home on Monday, Wednesday, and Friday for Speech Therapy given by the same provider for the same length of time each session, then the number entered in this field would be three. If, however, a student attends a Speech Therapy session on Monday on an individual basis and a group session with typical peers on Wednesday and a group session with disabled peers on Friday, then you would need to enter three separate serviced descriptions starting with Step 17.
21f	Minutes per Session	This is the length of time in minutes that the session lasts. Fill out a separate services description for each service length.
21g	Location	Choose the location of the session. The choices include: <ul style="list-style-type: none"> ■ Home (Student's Home/Primary Residence) ■ Community Site (formal preschool program, day care center, or family day care site) ■ Provider's Office Fill out a separate service description for each location.
21h	Involvement	Choose the type of peer involvement. Choices include: <ul style="list-style-type: none"> ■ One-to-One (alone with teacher or therapist) ■ All Typical Peers (in a group with all typical/nondisabled peers) ■ All Disabled Peers (in a group with all disabled peers) ■ Combination (in a group of disabled and typical peers) Fill out a separate service description for each type of involvement.
22	Other Related Services	Check all other related services the child receives as part of the IEP program. Options are: <ul style="list-style-type: none"> ■ Assistive Technology Devices ■ One-to-One Aide ■ School Health Services ■ Vision Services ■ Hearing Services ■ Other If other is chosen, please specify by typing in the service.

V. 12 MONTH PROGRAMS AND/OR SERVICES (JULY–AUGUST COMPONENT)

V. 12 MONTH PROGRAMS AND/OR SERVICES (JULY - AUGUST COMPONENT)

Are the 12 month services (July - August component) different from the school year services?

- Yes
- No [skip to [Other early childhood activities](#)]

12 Month Special Education Services (July - August Component)

- a. Related Services Only
- b. SEIT
- c. SEIT and Related Services
- d. Special Class Integrated (Please Enter Related Services Below)
- e. Special Class (Please Enter Related Services Below)

Update 12 Month Services

VI. 12 MONTH PROGRAMS OR SERVICES (JULY - AUGUST COMPONENT)

SEIT 0 services listed. [EDIT/ADD SERVICES](#)

Special Class Integrated 0 classes listed. [EDIT/ADD CLASSES](#)

Special Class 0 classes listed. [EDIT/ADD CLASSES](#)

Speech Therapy 0 services listed. [EDIT/ADD SERVICES](#)

Occupational Therapy 0 services listed. [EDIT/ADD SERVICES](#)

Physical Therapy 0 services listed. [EDIT/ADD SERVICES](#)

Assistive Technology Services 0 services listed. [EDIT/ADD SERVICES](#)

Parent Counseling, Training, and/or Education 0 services listed. [EDIT/ADD SERVICES](#)

Counseling 0 services listed. [EDIT/ADD SERVICES](#)

**V. 12 MONTH PROGRAMS AND/OR SERVICES (JULY–AUGUST COMPONENT)
(Continued)**

This section should be completed only if you checked yes to participation in the 12 month (July - August Component) in **III. Types of IEP Services**.

V. 12 MONTH PROGRAMS AND/OR SERVICES (JULY – AUGUST COMPONENT)		
24	Are 12 Month Programs Different from 10 Month Programs and/or Services?	<p>Mark yes or no to the question:</p> <p>Are the 12 month services (July - August component) different from school year services?</p> <p>If the answer is yes, the information in Section IV must be completed. If no, move on to Section VII. Other Early Childhood Activities at the end of the profile.</p>
25	12 Month Special Education Services (July – August Component)	<p>Chose the types of programs and/or services that the student receives during the 12 month program. The options are:</p> <ul style="list-style-type: none"> ■ Related Services Only ■ SEIT ■ SEIT and Related Services ■ Special Class Integrated ■ Special Class

VI. 12 MONTH PROGRAMS AND/OR SERVICES (JULY – AUGUST COMPONENT)

VI. PLEASE ENTER 12 MONTH (JULY – AUGUST COMPONENT) PRESCHOOL SPECIAL EDUCATION SERVICES		
26a	Special Education Itinerant Teacher (SEIT)	<p>Enter SEIT Provider, Type, Frequency, Number of Sessions, Minutes per Session, Location, and Involvement.</p> <p>If the student also receives related services please enter each service separately by returning to the edit page.</p>
26b	Special Class Integrated	<p>If Special Class Integrated is chosen as the type of service received, enter the provider in the top box.</p> <p>Next, enter the number of typical and the number of disabled peers who are approved for this student's classroom.</p> <p>If the student also receives related services please enter each service/program separately by returning to the edit/add page.</p>
26c	Special Class	<p>If Special Class is chosen as the type of service received, enter the provider on the top line. Next, indicate the level of interaction the student has with typical peers: no interaction, incidental interaction, or regular, planned interaction in this special class setting.</p> <p>If the student also receives related services in the program please enter each service separately by returning to the edit/add page.</p>

VI. 12 MONTH PROGRAMS AND/OR SERVICES (JULY–AUGUST COMPONENT)
(Continued)

Add to SEIT

Provider:

Type	Freq.	Num. of Sessions	Min. per Session	Location	Involvement
<input type="text"/>					

Add to Special Class Integrated

Provider:

of Typical Peers: # of Disabled Peers:

Add to Special Class

Provider:

What is the Level of Interaction with Typical Peers?

- No interaction with typical peers
- Incidental interaction with typical peers
- Regular, planned interaction with typical peers

Check all IEP services that apply

- Assistive Technology Devices
- One-to-One Aide
- School Health Services
- Vision Services
- Hearing Services
- Other (Please specify)

**VI. 12 MONTH PROGRAMS AND/OR SERVICES (JULY–AUGUST COMPONENT)
(Continued)**

VI. PLEASE ENTER 12 MONTH (JULY – AUGUST COMPONENT) PRESCHOOL SPECIAL EDUCATION SERVICES (Continued)		
27	Speech Therapy; Occupational Therapy; Physical Therapy; Assistive Technology Services; Parent, Counseling and/or Education; and Counseling	This section of the Preschool Student Information Profile asks for details about services provided to the student and should be completed separately for each type of service or class on the student's IEP.
27b	Provider	Type in the approved provider for this service.
27c	Frequency	This is the frequency of the session. Choose between weekly or monthly. If the student receives both weekly and monthly sessions it is necessary to fill out two service descriptions.
27d	Type	Choose whether the session is a group session or an individual session. If the student receives both group and individual sessions it is necessary to fill out two service descriptions.
27e	Number of sessions	This is the total number of sessions that are alike. For instance, if a student attends an individual session at home on Monday, Wednesday, and Friday for Speech Therapy given by the same provider for the same length of time each session, then the number entered in this field would be three. If, however, a student attends a Speech Therapy session on Monday on an individual basis and a group session with typical peers on Wednesday and a group session with disabled peers on Friday, then you would need to enter three separate service descriptions starting with Step 17.
27f	Minutes per Session	This is the length of time in minutes that the session lasts. Fill out a separate services description for each service length.
27g	Location	Choose the location of the session. The choices include: <ul style="list-style-type: none"> ■ Home (Student's Home/Primary Residence) ■ Community Site (formal preschool program, day care center, or family day care site) ■ Provider's Office Fill out a separate service description for each location.
27h	Involvement	Choose the type of peer involvement. Choices include: <ul style="list-style-type: none"> ■ One-to-One (alone with teacher or therapist) ■ All Typical Peers (in a group with all typical/nondisabled peers) ■ All Disabled Peers (in a group with all disabled peers) ■ Combination (in a group of disabled and typical peers) Fill out separate service description for each type of involvement.
28	Other Related Services	Check all other related services the child receives as part of the IEP program. Options are: <ul style="list-style-type: none"> ■ Assistive Technology Devices ■ One-to-One Aide ■ School Health Services ■ Vision Services ■ Hearing Services ■ Other If other is chosen, please specify by typing in the services.

Please click on “Add to” to save each service description.

VII. OTHER EARLY CHILDHOOD ACTIVITIES

In this section, we ask for additional information on early childhood activities that may be part of the student's regular experience.

VII. OTHER EARLY CHILDHOOD ACTIVITIES

In addition to IEP services, check all other early childhood activities that are known:

- | | | |
|--|--|---|
| <input type="checkbox"/> Babysitter | <input type="checkbox"/> Private Nursery/Preschool | <input type="checkbox"/> Experimental Pre-K |
| <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Head Start | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Universal Pre K | <input type="checkbox"/> Don't Know |

Update Other Early Childhood Activities Services

VII. OTHER EARLY CHILDHOOD ACTIVITIES (Continued)

Please provide any available information about other early childhood activities the child attends in addition to the programs and/or services provided on the IEP.

VII. OTHER EARLY CHILDHOOD ACTIVITIES		
29	Other Early Childhood Activities (Non-IEP)	Choose all of the other early childhood activities in which the student participates. Options are: <ul style="list-style-type: none"> ■ Babysitter ■ Private Nursery/Preschool ■ Experimental Pre-K ■ Family Day Care ■ Head Start ■ Day Care Center ■ Universal Pre-K ■ Other (Please specify by typing in service) ■ Don't Know

When you complete the Preschool Student Information Profile, or if you need to leave the profile at any time, click on the "submit" button at the bottom of the page or during the form to save your responses. The next time you return to the profile, your responses will have been saved.

Thank you for participating in the New York Preschool Special Education Study.



**APPENDIX B: SECTION VI
STUDENT INFORMATION PROFILE FORM**

A. STUDENT NAME			
1a	Student Last Name		
1b	Student First Name		
2	Student ID		
B. AGE, GENDER, ETHNICITY			
3	Date of Birth		
4	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
5	Ethnicity	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin)
6	Free/Reduced Lunch? Only complete for Kindergarten and First grade students	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. PRIMARY CAREGIVER			
7	Primary Caregiver Last Name		
8	Primary Caregiver First Name		
9	City		
10	State		
11	ZIP Code		
D. Birth - 3 Services			
12	Department of Health Early Intervention Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Deaf Infant Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. TEACHER INFORMATION--Only complete for Kindergarten and First grade			
14	Primary Teacher Name	14a. Kindergarten teacher name: _____	14b. First grade teacher name: _____
15	Teacher Assignment	15a. Kindergarten teacher assignment: <input type="checkbox"/> General Education Classroom <input type="checkbox"/> Special Education Classroom <input type="checkbox"/> Team (General/Special Ed) Classroom	15b. First grade teacher assignment: <input type="checkbox"/> General Education Classroom <input type="checkbox"/> Special Education Classroom <input type="checkbox"/> Team (General/Special Ed) Classroom

F. CLASSIFICATION																																
16	Classification Status	<input type="checkbox"/> Declassified (Date _____) <input type="checkbox"/> Reclassified (Date _____) <input type="checkbox"/> Newly Classified (Date _____)																														
17	Disability Classification Only complete for Kindergarten and First grade	Choose the appropriate CSE classification for the student: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">Kindergarten Classification</th> <th style="width:50%; text-align: center;">First Grade Classification</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Autism</td> </tr> <tr> <td><input type="checkbox"/> Deafness</td> <td><input type="checkbox"/> Deafness</td> </tr> <tr> <td><input type="checkbox"/> Deafness and Blindness</td> <td><input type="checkbox"/> Deafness and Blindness</td> </tr> <tr> <td><input type="checkbox"/> Emotional Disturbance</td> <td><input type="checkbox"/> Emotional Disturbance</td> </tr> <tr> <td><input type="checkbox"/> Hearing Impairment</td> <td><input type="checkbox"/> Hearing Impairment</td> </tr> <tr> <td><input type="checkbox"/> Learning Disabilities</td> <td><input type="checkbox"/> Learning Disabilities</td> </tr> <tr> <td><input type="checkbox"/> Mental Retardation</td> <td><input type="checkbox"/> Mental Retardation</td> </tr> <tr> <td><input type="checkbox"/> Multiple Disabilities</td> <td><input type="checkbox"/> Multiple Disabilities</td> </tr> <tr> <td><input type="checkbox"/> Orthopedic Impairment</td> <td><input type="checkbox"/> Orthopedic Impairment</td> </tr> <tr> <td><input type="checkbox"/> Other Health Impairment</td> <td><input type="checkbox"/> Other Health Impairment</td> </tr> <tr> <td><input type="checkbox"/> Speech Impairment</td> <td><input type="checkbox"/> Speech Impairment</td> </tr> <tr> <td><input type="checkbox"/> Traumatic Brain Injury</td> <td><input type="checkbox"/> Traumatic Brain Injury</td> </tr> <tr> <td><input type="checkbox"/> Visual Impairment</td> <td><input type="checkbox"/> Visual Impairment</td> </tr> <tr> <td><input type="checkbox"/> (Includes Blindness)</td> <td><input type="checkbox"/> (Includes Blindness)</td> </tr> </tbody> </table>	Kindergarten Classification	First Grade Classification	<input type="checkbox"/> Autism	<input type="checkbox"/> Autism	<input type="checkbox"/> Deafness	<input type="checkbox"/> Deafness	<input type="checkbox"/> Deafness and Blindness	<input type="checkbox"/> Deafness and Blindness	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> (Includes Blindness)	<input type="checkbox"/> (Includes Blindness)
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<input type="checkbox"/> (Includes Blindness)	<input type="checkbox"/> (Includes Blindness)																															
18	Other Disabilities	List any other disabilities here:																														
19	Pd-4 Setting Only complete for <u>Preschool</u>	<input type="checkbox"/> Early Childhood Setting <input type="checkbox"/> Early Childhood Special Education Setting <input type="checkbox"/> Home <input type="checkbox"/> Itinerant Services Outside of Home (In Hospital) <input type="checkbox"/> Part-time Early Childhood Setting/Part-time Early Childhood Special Ed. <input type="checkbox"/> Residential Facility <input type="checkbox"/> Separate School <input type="checkbox"/> Not Reported																														
20	Pd-7 Setting Only complete for <u>Preschool</u>	<input type="checkbox"/> Related Services Only <input type="checkbox"/> Special Education Itinerant Teacher (SEIT) Services Only <input type="checkbox"/> Related Services and SEIT Services <input type="checkbox"/> ½ day (2.5 hours or less) Special Class Program in Integrated Setting <input type="checkbox"/> ½ day (2.5 hours or less) Special Class Program in Segregated Setting <input type="checkbox"/> Full-day (more than 2.5 hours, up to 3) Special Class Program in Integrated Setting <input type="checkbox"/> Full-day (more than 2.5 hours, up to 3) Special Class Program in Segregated Setting <input type="checkbox"/> Full-day (more than 3 hours, up to 4) Special Class Program in Integrated Setting <input type="checkbox"/> Full-day (more than 3 hours, up to 4) Special Class Program in Segregated Setting <input type="checkbox"/> Full-day (more than 4 hours) Special Class Program in Integrated Setting <input type="checkbox"/> Full-day (more than 4 hours) Special Class Program in Segregated Setting <input type="checkbox"/> Residential Program <input type="checkbox"/> Not Reported																														

G. SPECIAL EDUCATION PLACEMENT – Only complete for Kindergarten and First grade			
COMPLETE IF STUDENT IS IN REGULAR EDUCATION			
21	Length of Education	Kindergarten <input type="checkbox"/> Half-day <input type="checkbox"/> Full-day	First Grade <input type="checkbox"/> Half-day <input type="checkbox"/> Full-Day
22	Number of Hours Per Day Only complete for Kindergarten	Hours per day _____	
23	PD-1/4 Time Outside the General Education Classroom	Time outside of Kindergarten classroom <input type="checkbox"/> 0 - 20% <input type="checkbox"/> 21 - 60% <input type="checkbox"/> More than 60%	Time outside of First Grade classroom <input type="checkbox"/> 0 - 20% <input type="checkbox"/> 21 - 60% <input type="checkbox"/> More than 60%
24	Half-day Services Location Only complete for Kindergarten	<input type="checkbox"/> During the half-day Kindergarten Program <input type="checkbox"/> In addition to the half-day Kindergarten Program <input type="checkbox"/> During and in addition to the half-day Kindergarten Program	
COMPLETE IF STUDENT IS IN SEPARATE SETTING			
25	Type of Separate Setting	Kindergarten Setting <input type="checkbox"/> Day School Setting <input type="checkbox"/> Residential Setting	First Grade Setting <input type="checkbox"/> Day School Setting <input type="checkbox"/> Residential Setting
26	Day School Location	Kindergarten Location <input type="checkbox"/> Special Education Public <input type="checkbox"/> Special Education Private <input type="checkbox"/> Home or Hospital or Other Non-Public Facility	First Grade Location <input type="checkbox"/> Special Education Public <input type="checkbox"/> Special Education Private <input type="checkbox"/> Home or Hospital or Other Non-Public Facility
27	Residential Location	Kindergarten Location <input type="checkbox"/> Public <input type="checkbox"/> In-State Private School <input type="checkbox"/> Out-of-State Private School	First Grade Location <input type="checkbox"/> Public <input type="checkbox"/> In-State Private School <input type="checkbox"/> Out-of-State Private School
I. LANGUAGE OF INSTRUCTION			
2 8	<u>Language of Instruction</u> FIRST CHOOSE: <input type="checkbox"/> English Only <input type="checkbox"/> Total or Primarily in the native language <input type="checkbox"/> English and the native language	IF DID NOT CHOOSE "ENGLISH ONLY" THEN SELECT A LANGUAGE BELOW:	
		<input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish <input type="checkbox"/> Other