

**Special Education Data Reporting Enrollment Sheet (8.2019)**

Student Name:	SIMS #
Effective Date:	End Date (or date change takes effect):
<b>Special Education Placement Category (Circle One)</b> <u>School Age 6-21</u> <b>0100</b> – General Classroom w/Modifications 80-100% <b>0110</b> – Resource Room 40-79% <b>0120</b> – Self Contained Classroom 0-39% <b>0130</b> – Separate Day School <b>0140</b> – Residential Facility <b>0150</b> – Home/Hospital Program  <u>Preschool Age 3-5</u> <b>0310</b> – EC 10 hours +, services in Reg EC <b>0315</b> – EC 10 hours +, services in other location <b>0325</b> – EC less than 10 hours, services in Reg EC <b>0330</b> – EC less than 10 hours, services in other location <b>0335</b> – Special Education Class <b>0345</b> – Separate School <b>0355</b> – Residential Facility <b>0365</b> - Home <b>0375</b> – Service Provider Location	<b>Instruction Program Type (Circle One)</b> (This is determined by the coding used for the Cost Analysis completed by business manager or special ed director) <b>A.</b> Mild to Moderate Disabilities <b>B.</b> Severe Disabilities <b>C.</b> Speech Only <b>D.</b> Early Childhood (ages 3-5) <b>E.</b> Day Program <b>F.</b> Residential Program <b>G.</b> Homebound Program
<b>IEP Program Exit Reason</b> (Make sure this matches the exit code on the general enrollment record if it ends the entire enrollment) <ol style="list-style-type: none"> <li>Not Receiving Sped Services</li> <li>Graduated with Regular High School Diploma</li> <li>Continues – Completed IEP Team Modified Course Requirements</li> <li>Reached Maximum Age</li> <li>Died</li> <li>Moved Known to be Continuing</li> <li>Moved Not Known to be Continuing</li> <li>Dropped Out</li> <li>Refused Services</li> <li>ISFP Done Prior to Max Age for Part C</li> <li>Change in IEP</li> <li>Student Continues</li> <li>Discontinued Education – Completed IEP team Modified</li> <li>Aged Out - Completed IEP team Modified</li> <li>Revocation of Consent - Completed IEP team Modified</li> </ol>	<b>Special Education Primary Disability Areas (Circle One)</b> <b>0500</b> – Deaf-Blindness <b>0505</b> – Emotional Disturbance <b>0510</b> – Cognitive Disability <b>0515</b> – Hearing Loss <b>0525</b> – Specific Learning Disability <b>0530</b> – Multiple Disabilities <b>0535</b> – Orthopedic Impairment <b>0540</b> – Vision Loss <b>0545</b> - Deafness <b>0550</b> – Speech/Language Disorder <b>0555</b> – Other Health Impaired <b>0560</b> – Autism Spectrum Disorder <b>0565</b> – Traumatic Brain Injury <b>0570</b> – Developmental Delay
<b>Special Education Services:</b> (Please Indicate the Number of <u>Hours per Week</u> ) <b>Physical Therapy</b> _____ <b>Recreational Therapy</b> _____ <b>Audiological Services</b> _____ <b>Occupational Therapy</b> _____ <b>Speech Language Therapy</b> _____ <b>School Nurse Services</b> _____ <b>Psychological Services</b> _____ <b>Orientation &amp; Mobility Services</b> _____ <b>Counseling Services</b> _____ <b>Social Work Services</b> _____ <b>Other Therapy Services</b> _____ (Medical Counseling/Training and Other)	<b>Multiple Disability Areas:</b> *Cannot Use 500 – Deaf-Blind *Don't Include 0550 – Speech/Language if it is only a related service  <b>Multiple Disability 1</b> _____ <b>Multiple Disability 2</b> _____ <b>Multiple Disability 3</b> _____ <b>Multiple Disability 4</b> _____ <b>Multiple Disability 5</b> _____
	<b>For Students Eligible as Autism Spectrum Disorder</b> <u>ASD Severity Behavior Level</u> <ol style="list-style-type: none"> <li>Requiring Support</li> <li>Requiring Substantial Support</li> <li>Requiring Very Substantial Support</li> </ol> <u>ASD Severity Communication Level</u> <ol style="list-style-type: none"> <li>Requiring Support</li> <li>Requiring Substantial Support</li> <li>Requiring Very Substantial Support</li> </ol>
	<b>Participates in Alt. Assessment:</b> Yes/No <b>Transportation:</b> Yes/No <b>Assistive Technology:</b> Yes/No

More information regarding coding, access the Student Data Collections Desk Guide: <https://doe.sd.gov/ofm/sims.aspx>