

Today's Date:	SUWANNEE COUNTY SCHOOL DISTRICT <i>Office of Student Services</i> 1740 Ohio Avenue, South Live Oak, Florida 32064						School:									
ESE/FOCUS Data Entry Form																
Student Name:					Student ID #:			Grade:								
ESE EXCEPTIONALITIES & CODES:																
Handicap Disability Code	Primary Y or N	Service Type A = Active D = Dismissal	Placement Program Status P=Placed I= Ineligible	Referral Reason D=Has a disability G=Gifted Z=NA	Consent Date	Evaluation Date	Eligibility Date	Placement Date	Dismissal Date							
C = Orthopedically Impaired D = Occupational Therapy E = Physical Therapy F = Speech Impaired G = Language Impaired		H = Deaf/Hard of Hearing I = Visually Impaired J = Emotional/Behavioral K = Specific Learning Disabled L = Gifted		M = Hospital/Homebound O = Dual-Sensory Impaired P = Autism Spectrum Disorder S = Traumatic Brain Injury T = Developmentally Delayed		U = Established Conditions V = Other Health Impaired W = Intellectual Disability X = Language Therapy Related (Other) Y = Speech Therapy Related(Other) Z = Not Applicable		Consultation School Year:								
ADDITIONAL SCHOOL YEAR: Extended School Year (ESY)																
<input type="checkbox"/> Deferred receipt of standard diploma (<i>met all grad req 14-15+</i>) <input type="checkbox"/> Opting to continue to receive FAPE [F] <input type="checkbox"/> Seeking a Standard Diploma [S] <input type="checkbox"/> Consultation <input type="checkbox"/> Not Applicable [Z]																
IEP Holder:					IDEA Educational Environment:											
ESE <input type="checkbox"/> 111 (PK-3) <input type="checkbox"/> 112 (4-8) <input type="checkbox"/> 113 (9-12) FEFP Code: <input type="checkbox"/> 254 (Level 4) <input type="checkbox"/> 255 (Level 5) <input type="checkbox"/> 999 (<i>not eligible</i>)					Last IEP/EP Evaluation Date:											
EXCEPTIONAL STUDENT, 60 DAY EXCEPTION/EXTENSION:					Gifted Eligibility:											
<input type="checkbox"/> The parent and LEA agreed to a specific time beyond the 60 days [Y]. <input type="checkbox"/> The parent repeatedly failed or refused to produce the student for evaluation [P]. <input type="checkbox"/> The student transferred to a new district during the evaluation time frame [T]. <input type="checkbox"/> The parent and LEA did not agree to a specific time beyond the 60 days [N]. <input type="checkbox"/> Not an initial eval.to determine initial eligibility for programs for students with disabilities [Z].					GRADUATION OPTION: <input type="checkbox"/> Not Applicable <input type="checkbox"/> 24 Credit Standard <input type="checkbox"/> 18 Credit ACCEL <input type="checkbox"/> GED Exit Option <input type="checkbox"/> Special Diploma											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Time, Total Student Week Minutes:</td> <td style="width:25%;">Time with Non-Disabled: min.</td> <td style="width:25%;">IEP/EP Plan Date</td> <td style="width:25%;">IEP/EP Expiration Date</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					Time, Total Student Week Minutes:	Time with Non-Disabled: min.	IEP/EP Plan Date	IEP/EP Expiration Date					ALTERNATIVE ASSESSMENT ADMINISTERED: <input type="checkbox"/> Student will take the FSA (Z) <input type="checkbox"/> Student will be assessed using the FSAA-Datafolio (D) <input type="checkbox"/> Student will be assessed using the FSAA-Performance Tasks(P)			
Time, Total Student Week Minutes:	Time with Non-Disabled: min.	IEP/EP Plan Date	IEP/EP Expiration Date													
FSA TEST ACCOMMODATIONS:																
Paper-Based Accommodations <input type="checkbox"/> C = Contracted Braille <input type="checkbox"/> L = Large Print <input type="checkbox"/> O = One Item Per Page <input type="checkbox"/> P = Regular Print <input type="checkbox"/> U = Uncontracted Braille <input type="checkbox"/> Masking-Online <input type="checkbox"/> Text to Speech-Online <input type="checkbox"/> ASL Online & Paper <input type="checkbox"/> Listening Transcripts Indicator - Paper <input type="checkbox"/> Passage Booklet - Online <input type="checkbox"/> Closed Captioning - Online																
*DOE TEST ACCOMMODATION FIELD:					<input type="checkbox"/> Testing Accommodations Listed on IEP or 504 Plan											
<input type="checkbox"/> P=Paper Based Test <input type="checkbox"/> U=Uncontracted Braille <input type="checkbox"/> Q=Unique Accommodation <input type="checkbox"/> V=Uncontracted Braille - UEB <input type="checkbox"/> R=Reading Passage/Booklet <input type="checkbox"/> X=Closed Captioning <input type="checkbox"/> S=Large Print R/W Booklet <input type="checkbox"/> Y=Other Testing Accommodation (<i>e.g.,flexible scheduling, flexible setting</i>) <input type="checkbox"/> T=Text to Speech Online <input type="checkbox"/> Z=Not Applicable - none needed					ESE TEST WAIVERS: <input type="checkbox"/> Algebra I <input type="checkbox"/> FCAT Writing <input type="checkbox"/> Algebra II <input type="checkbox"/> FSA ELA <input type="checkbox"/> Biology <input type="checkbox"/> FSA Math <input type="checkbox"/> Civics <input type="checkbox"/> Geometry <input type="checkbox"/> FCAT Reading <input type="checkbox"/> NGSSS Science											
ASSESSMENT:		TEST ACCOMMODATIONS:			<input type="checkbox"/> Algebra I Comparative Score <input type="checkbox"/> Significant Cognitive Disability (SCD)											
<input type="checkbox"/> NGSSS EOC Biology <input type="checkbox"/> NGSSS EOC Civics <input type="checkbox"/> NGSSS EOC US History <input type="checkbox"/> FCAT/NGSSS Science <input type="checkbox"/> PERT <input type="checkbox"/> NGSSS EOC Algebra <input type="checkbox"/> NGSSS EOC Geometry		<input type="checkbox"/> ELL Approved Dictation <input type="checkbox"/> ELL Assisted Language <input type="checkbox"/> ELL Flex Schedule <input type="checkbox"/> ELL Setting <input type="checkbox"/> ELL Braille <input type="checkbox"/> ESE Braille Contracted <input type="checkbox"/> ESE Devices <input type="checkbox"/> ESE Large Print <input type="checkbox"/> ESE Presentation <input type="checkbox"/> ESE Responding <input type="checkbox"/> ESE Scheduling <input type="checkbox"/> ESE Setting <input type="checkbox"/> IEP Booklet for Online <input type="checkbox"/> IEP Paper Based Test <input type="checkbox"/> Masking <input type="checkbox"/> One Item Per Page <input type="checkbox"/> Text-to-Speech			<div style="text-align: center;">Schedule Change? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <hr/> <div style="text-align: center;"><i>Data Entry Form Completed By?:</i></div> <hr/> <div style="text-align: center;"><i>Signature/Data Entry Operator & Date Entered</i></div> <hr/> <div style="text-align: center;"><i>Explain Schedule Change?</i></div>											