Today's Date:	**SUWANNEE COUNTY SCHOOL DISTRICT** *Office of Student Services* *1729 Walker Avenue, SW, Suite 200 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	Referral Reason D,G,M,Z	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 **Z** = Not Applicable	**Consultation School Year:**

ADDITIONAL SCHOOL YEAR: *Extended School Year (ESY)*

☐ Deferred receipt of standard diploma *(met all grad req 14-15+)* ☐ Opting to continue to receive FAPE [F] ☐ Seeking a Standard Diploma [S] ☐ Consultation ☐ Not Applicable [Z]

IEP Holder:

IDEA Educational Environment:

ESE FEFP Code: ☐ 111 (PK-3) ☐ 112 (4-8) ☐ 113 (9-12) ☐ 254 (Level 4) ☐ 255 (Level 5) ☐ 999 *(not eligible)*

Last IEP/EP Evaluation Date:

Gifted Eligibility:

EXCEPTIONAL STUDENT, 60 DAY EXCEPTION/EXTENSION:

☐ The parent and LEA agreed to a specific time beyond the 60 days [Y].
☐ The parent repeatedly failed or refused to produce the student for evaluation [P].
☐ The student transferred to a new district during the evaluation time frame [T].
☐ The parent and LEA did not agree to a specific time beyond the 60 days [N].
☐ Not an initial eval.to determine initial eligibility for programs for students with disabilities [Z].

GRADUATION OPTION: ☐ Not Applicable ☐ 24 Credit Standard ☐ 18 Credit ACCEL ☐ GED Exit Option ☐ Special Diploma

Time, Total Student Week Minutes:	Time with Non-Disabled: *min.*	IEP/EP Plan Date	IEP/EP Expiration Date

ALTERNATIVE ASSESSMENT ADMINISTERED:

☐ Student will take the FSA (Z)
☐ Student will be assessed using the FSAA-Datafolio (D)
☐ Student will be assessed using the FSAA-Performance Taks(P)

FSA TEST ACCOMMODATIONS:

Paper-Based Accommodations ☐ C = Contracted Braille ☐ L = Large Print ☐ O = One Item Per Page ☐ P = Regular Print ☐ U = Uncontracted Braille

☐ Masking-Online ☐ Text to Speech-Online ☐ ASL Online & Paper ☐ Listening Transcripts Indicator - Paper ☐ Passage Booklet - Online ☐ Closed Captioning - Online

***DOE TEST ACCOMMODATION FIELD:**

☐ P=Paper Based Test
☐ Q=Unique Accommodation
☐ R=Reading Passage/Booklet
☐ S=Large Print R/W Booklet
☐ T=Text to Speech Online
☐ U=Uncontracted Braille
☐ V=Uncontracted Braille - UEB
☐ X=Closed Captioning
☐ Y=Other Testing Accommodation *(e.g.,flexible scheduling, flexible setting)*
☐ Z=Not Applicable - none needed

☐ Testing Accommodations Listed on IEP or 504 Plan

ESE TEST WAIVERS:

☐ Algebra I
☐ Algebra II
☐ Biology
☐ Civics
☐ FCAT Reading
☐ FCAT Writing
☐ FSA ELA
☐ FSA Math
☐ Geometry
☐ NGSSS Science

ASSESSMENT:

☐ NGSSS EOC Biology
☐ NGSSS EOC Civics
☐ NGSSS EOC US History
☐ FCAT/NGSSS Science
☐ PERT
☐ NGSSS EOC Algebra
☐ NGSSS EOC Geometry

TEST ACCOMMODATIONS:

☐ ELL Approved Dictation
☐ ELL Assisted Language
☐ ELL Flex Schedule
☐ ELL Setting
☐ ELL Braille
☐ ESE Braille Contracted
☐ ESE Devices
☐ ESE Large Print
☐ ESE Presentation
☐ ESE Responding
☐ ESE Scheduling
☐ ESE Setting
☐ IEP Booklet for Online
☐ IEP Paper Based Test
☐ Masking
☐ One Item Per Page
☐ Text-to-Speech

☐ Algebra I Comparative Score

☐ Significant Cognitive Disability (SCD)

Schedule Change? ☐ Yes ☐ No

Data Entry Form Completed By?:

Signature/Data Entry Operator & Date Entered

Explain Schedule Change?