



PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.)			DATE (MM/DD/YY)
_____			_____
STUDENT ID. NO.			_____
_____			_____

STUDENT SERVICES/ESE SERVICES DATA INPUT SHEET (This sheet is optional. Do not place in the cumulative folder.)

PF 16 Screen

PF 4 Screen

SERVICE	DATE	OUTCOME	SERVICE PROVIDER	--- CURRENT COURSE INFORMATION ---						
				SCHL	CRSE NUM	EMP NUM	CDE	HRS/WEEK	WEEK LOC	NAME
INTERVENTION DEVELOPMENT:										
SST CONFERENCE	___/___/___									
PSYCHOLOGICAL:										
CONSENT FOR EVAL	___/___/___									
CASE OPENED	___/___/___									
CURRENT EVALUATION	___/___/___									
REPORT SUBMITTED	___/___/___									
SPEECH/LANGUAGE:										
CONSENT FOR EVAL	___/___/___									
CURRENT EVALUATION	___/___/___									
MEDICAL (VI AND PI REEVAL DATE):										
CONSENT FOR EVAL	___/___/___									
CURRENT EVALUATION	___/___/___									

PF 8 Screen MEDICAID PARENTAL CONSENT: \_\_\_\_\_

PF 17 Screen - Dismiss from 504 (N screen) prior to data input for students with disabilities eligibility (if applicable.)

PRIMARY EXCEPTIONALITY \_\_\_\_\_ DOMAIN RATING/DATE: \_\_\_/\_\_\_/\_\_\_ FEFP: \_\_\_\_\_  
CONSULTATION / COLLABORATION SERVICES \_\_\_\_\_ GIFTED CONSULTATION: \_\_\_\_\_  
IEP: CONFERENCE: \_\_\_/\_\_\_/\_\_\_ DURATION: \_\_\_/\_\_\_/\_\_\_ IQ \_\_\_\_\_ SCALE \_\_\_\_\_  
PRIVATE SCHL/DISTRICT PROVIDED: \_\_\_\_\_ IDEA ED ENV: \_\_\_\_\_ GIFTED ELIGIBILITY: \_\_\_\_\_

--PLACEMENT--			CONSENT	CURRENT EVAL	ELIG	EVAL	PLACEMENT	DISMISSAL
EXCP	STATUS	REASON	FOR EVAL		DETERM	TYPE	DATE	
___	___	___	___/___/___	___/___/___	___/___/___	___	___/___/___	___/___/___
___	___	___	___/___/___	___/___/___	___/___/___	___	___/___/___	___/___/___
___	___	___	___/___/___	___/___/___	___/___/___	___	___/___/___	___/___/___
___	___	___	___/___/___	___/___/___	___/___/___	___	___/___/___	___/___/___

PF 18 Screen

ALTERNATE ASSESSMENT: \_\_\_/\_\_\_/\_\_\_ YES, NO, PARTIAL \_\_\_  
TEST ACCOMMODATIONS: \_\_\_\_\_  
TIME, TOTAL SCHOOL WEEK (IN MINUTES): \_\_\_\_\_  
TIME WITH NON-DISABLED PEERS (IN MINUTES): \_\_\_\_\_

N Screen

SECTION 504 PLAN ACCOMMODATION SERVICES  
ESE ELIGIBLE (Y/N): \_\_\_ CONSENT FOR EVAL DATE: \_\_\_/\_\_\_/\_\_\_ EVAL DATE: \_\_\_/\_\_\_/\_\_\_  
EVALUATION TYPE: \_\_\_\_\_

ELIG	SPEC	PARA	NRS RSP	INSTR	CONT		
DETERM	OT	PT	TRANS	PROF	THERAPY	MODIF	ELIG
___/___/___	___	___	___	___	___	___	___
___/___/___	___	___	___	___	___	___	___
___/___/___	___	___	___	___	___	___	___

Student Case Management System FAB/BIP Screen

STUDENT SERVICES FORM INFORMATION  
EMPLOYEE NO: \_\_\_\_\_ NAME: \_\_\_\_\_  
STUDENT ID: \_\_\_\_\_ NAME: \_\_\_\_\_

SCM# OR SPAR#	DATE	TIME	SERVICE CODES
_____	___/___/___	___:___	___
_____	___/___/___	___:___	___
_____	___/___/___	___:___	___

R Screen

EXTENDED SCHOOL YEAR SERVICES

ESY SCHL	ESY SERV CODE	DELIVERY MODEL	-----DURATION-----		-----FREQUENCY-----		
			START (MM/DD/YY)	END (MM/DD/YY)	DAYS/WEEK	MINUTES/SESSION	TIMES/MONTH
___	___	___	___/___/___	___/___/___	___	___	___
___	___	___	___/___/___	___/___/___	___	___	___
___	___	___	___/___/___	___/___/___	___	___	___
___	___	___	___/___/___	___/___/___	___	___	___

# TRANSPORTATION INFORMATION

## Q Screen

STUDENT REQUIRES THE RELATED SERVICE OF SPECIALIZED TRANSPORTATION \_\_\_\_\_  
 SPECIAL TRANSPORTATION RELATED SERVICES

PRIMARY TRANSPORTATION MODE

\_\_\_\_ INDIVIDUALIZED STOP WITHOUT SUPERVISION  
 \_\_\_\_ CAR SEAT  
 \_\_\_\_ INDIVIDUALIZED STOP WITH SUPERVISION  
 \_\_\_\_ LIFT BUS WHEELCHAIR WITH SUPERVISION  
 \_\_\_\_ LIFT BUS WHEELCHAIR WITHOUT SUPERVISION  
 \_\_\_\_ SAFETY VEST (INDIVIDUALIZED STOP WITH SUPERVISION)  
 \_\_\_\_ SAFETY BELT/UNIQUE SEATING DEVICES (INDIVIDUALIZED STOP WITH SUPERVISION)  
 \_\_\_\_ ALTERNATE MODE OF TRANSPORTATION (SPECIFY) \_\_\_\_\_

SECONDARY TRANSPORTATION MODE

\_\_\_\_ AIDE REQUIRED  
 \_\_\_\_ MEDICALLY FRAGILE STUDENT/MEDICAL CONSULTATIVE REVIEW REQUIRED  
 \_\_\_\_ MEDICAL EQUIPMENT (SPECIFY) \_\_\_\_\_  
 \_\_\_\_ STUDENT TRANSPORTED OUT OF SCHOOL DISTRICT  
 \_\_\_\_ OCCUPATIONAL/PHYSICAL THERAPY  
 \_\_\_\_ SHORTENED SCHOOL DAY OR ALTERNATE SCHOOL DAY TIME(S)  
 \_\_\_\_ VOCATIONAL/SHARE TIME PROGRAM  
 \_\_\_\_ SCHOLARSHIP PROGRAM FOR STUDENTS WITH DISABILITIES  
 \_\_\_\_ AIR CONDITIONING/MEDICAL CONSULTATIVE REVIEW REQUIRED

**PF 22 Screen** (This screen can only be accessed if "X" is entered under *Secondary Transportation Mode* on the Q Screen data entry section.)

ALTERNATE MODE OF TRANSPORTATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIFY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Alternate Transportation Address Information PF 5 Screen

PICKUP: HOUSE NO \_\_\_\_\_ DIR \_\_\_\_\_ STR \_\_\_\_\_ BLDG/LOT \_\_\_\_\_  
 APT \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ CONTACT PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DELIVERY: HOUSE NO \_\_\_\_\_ DIR \_\_\_\_\_ STR \_\_\_\_\_ BLDG/LOT \_\_\_\_\_  
 APT \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ CONTACT PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## J Screen

SURVEY: DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ RESPONSES \_\_\_\_\_ PARENT/GUARDIAN LANG \_\_\_\_\_ STU LANG \_\_\_\_\_

PRIMARY EXC

ASSESSMENT: DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OLPS/RLDA SCORE \_\_\_\_\_ LEP (Y/N) \_\_\_\_\_ ESOL LEVEL \_\_\_\_\_

METROPOLITAN: GRADE \_\_\_\_\_ RAW SCORE: RDG \_\_\_\_\_ LANG \_\_\_\_\_ PERCENTILE: RDG \_\_\_\_\_ LANG \_\_\_\_\_

ENTRY DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BASIS OF ENTRY \_\_\_\_\_ ESOL SEMESTER \_\_\_\_\_ LEP SERVICES \_\_\_\_\_

EXIT DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BASIS OF EXIT \_\_\_\_\_ OLPS/RLDA SCORE \_\_\_\_\_

METROPOLITAN: GRADE \_\_\_\_\_ RAW SCORE: RDG \_\_\_\_\_ LANG \_\_\_\_\_ PERCENTILE: RDG \_\_\_\_\_ LANG \_\_\_\_\_

RECLASSIFICATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SCHL	CRSE NUM	EMP NUM	HRS/WK	MIN/WK	SCHL	CRSE NUM	EMP NUM	HRS/WK	MIN/WK
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

### Code/Exceptionalities

P Autism Spectrum Disorder	L Gifted	E Physical Therapy
H Deaf or Hard of Hearing	M Hospital/Homebound	K Specific Learning Disabled
T Developmentally Delayed (age: 0-5)	D Language Impaired	F Speech Impaired
O Dual-Sensory Impaired	G Occupational Therapy	S Traumatic Brain Injured
J Emotional/Behavioral Disabilities	C Orthopedically Impaired	I Visually Impaired
U Established Conditions (age: 0-2)	V Other Health Impaired	W Intellectual Disabilities

### CODES

### Placement Status Codes

I Evaluated and Ineligible  
 N Eligible/Not Placed  
 P Eligible/Placed

### Outcome Codes

G Gifted  
 P Psychological Evaluation  
 D Developmental  
 S Speech  
 M Medical  
 R Reevaluation

### IQ Scale

F Full Scale  
 P Performance Scale  
 V Verbal Scale

CURRENT ESE COURSE NUMBERS	
7650130	PK Handicapped (3-5)
7650030	B-2
7755010	Kindergarten ESE
7763050	Occupational Therapy
7763070	Physical Therapy
7763030	Speech Impaired
7763040	Language Impaired
7763080	Itinerant Vision
7763020	Itinerant Hearing

### Not Placed/Reason

D Parent Denied Initial Placement  
 L LRE  
 P Parental Request  
 W Withdrawn from M-DCPS  
 R Revocation of Consent