

ESCAMBIA COUNTY EXCEPTIONAL STUDENT EDUCATION (ESE)

SIS DATA ENTRY FORM

STUDENT NAME (LAST, FIRST, MIDDLE)				STUDENT #	GRADE	SCHOOL				DATE	
NOTE: CONSENT, EVAL, ELIGIBILITY, & PLACEMENT DATES DO NOT CHANGE AFTER INITIAL STAFFING (SHADED AREAS COMPLETED BY STAFFING/PROGRAM SPECIALIST AT INITIAL PLACEMENT)											
EXCEPTIONALITY	PRIM	PS	ST	RR	CONSENT	EVAL	ELIGIBILITY	PLACEMENT	DISMISSAL	MINUTES	TEACHER
FEFP CODE	TTSW		TNDP		IEP/EP PLAN DATE	IEP/EP EXP DATE	IDEA ENV CODE	ESY (Y/N)	FSAA* (Z, P or D)		RE-EVAL DATE
	PEER UPLOAD		PEER UPLOAD		PEER UPLOAD	PEER UPLOAD	PEER UPLOAD				
GIFTED PLAN B (Y/N)	MATRIX COST FACTOR		MATRIX DATE		MATRIX RATING	MUTUAL EXCHANGE Middle/High Only		FBA DATE	PBIP DATE		MEDICAID CONSENT DATE (Initial only)
	PEER UPLOAD		PEER UPLOAD		PEER UPLOAD						
SEVERITY RATING (SLI ONLY): (If YES, enter # rating for each)		NA (not eligible) YES (eligible) NO (dismissed from SLI)			ARTIC		LANG		VOICE		FLUENCY
SPECIAL TRANSPORTATION		Assist w/ loading	Monitor Med Needs	Assist w/comm	Behavior Mgmt	Short Day	Med Equip/Bus Lift	Environment Needs			
NO YES											

COURSE #	COURSE TITLE	SCHOOL	TERM	PERIOD	M	T	W	R	F	CO-TCH	SUP FAC	GE Teacher	ESE Teacher	ESE MIN

For assistance, refer to the Technical Assistance Paper titled: SIS ESE Data Entry FSAA* Codes: Enter Z (Takes State Assessment), P (Performance Tasks) or D (Data Folio)
 Updated 9/22/17

 COMPLETED BY

 DATE

 RECEIVED BY

 DATE

 DATE ENTERED