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| Oregon Department of EducationOffice of Student Services255 Capitol St NE – Public Service Bldg.Salem OR 97310-0203 | **EI/ECSE PROGRAMS**December 1, 2023(internal use only) | Special Education Child Count**IDEA Part C 0-2 & Part B 3-4 Years1** |
|  |
| * All **dark bordered** items **MUST** be completed for each student.
* Do **NOT** use this form to make **corrections** to your child count.
 |
| **Full Legal Last Name** | **Full Legal First Name** | Legal Middle Name |  | **Date of Birth** |  | **Gender** |  | **Grade** |
| **8 Required**||||||||||||||| | **9 Required**|||||||||||| | 10 Optional|||||||||| |  | **15 Required**MMDDYYYY||||||| |  | **16****Required** |  | **26****Required**| |
| **Secure Student Identifier (SSID)** |  | District Student ID# |  | **Resident District (ADM)** |  | **Resident School** |  | **Attending District** |  | **Attending School** |  | **Resident County** |
| **1 Required**|||||||||| |   | 2 Optional||||||||| |  | **3 Required**||| |  | **4 Required**||| |  | **5 Required**||| |  | **6 Required**||| |  | **31 Required** |

 **Disabilities Related Services Supplemental Services**

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| **PRI** | S1 | S2 | S3 | S4 |  | **63** | **64** | **65** | **66** | **67** | **68** |  | **69** | **70** | **71** | **72** | **73** | **74** |
| **58 Required**| | 59| | 60| | 61| | 62| |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **EL Flag** |  | **SECC Record Type** |  | **SpEd Resident District** |  | **Federal Placement** |  | **2nd SECC Fed. Placement**  |  | **Agency Serving** |  | **Most Recent Eligibility Date** |  | **Most Recent IEP/IFSP Date** |  | **Special Education Exit** |
| **42 (Required ECSE only)**[ ]  Yes[ ]  No |  | **57 Required** |  | **75 Required**||| |  | **76 Required**| |  | **80 Required** |  | **78 Required**| |  | **81 Required**MMDDYYYY||||||| |  | **82 Required**MMDDYYYY||||||| |  | **83 Required**MMDDYYYY||||||| |
| **Hispanic/Latino Flag** |  | **Ethnicity / Race Type** |  | **Placement/Enrollment/Attendance** |  | **Primary Language** |  | **EI Transition** |  | **Service Coordination** |
| **17 Required** |  | **18-22 Required** |  | **79 Required** |  | **85 Required** |  | **86** |  | **87** |
| **Hispanic/Latino Ethnicity**This field is a **Yes** or **No** and **MUST** be completed. [ ]  Yes [ ]  No |  | **[ ]**  American Indian / Alaska Native**[ ]**  Asian**[ ]**  Black/African American**[ ]**  White**[ ]**  Pacific Islander / Native  Hawaiian |  | **[ ]**  Normal District Enrollment (Default) (N)**[ ]**  Private or Parochial School - Parent Placed (with Service Plan) (Y)**[ ]**  Approved Private School - District (A) | [ ]  Parent Paid Tuition to Public School (T)[ ]  Home Schooled (H)**[ ]**  Inter-District Transfer (I)**[ ]** Charter School (C)**[ ]**  Jail/ACEP/YCEP/JDEP (J)[ ]  Other (O) |  | **[ ]**  English (1290)**[ ]**  Spanish (4260)**[ ]**  Russian (3830)**[ ]**  Vietnamese  (4800) | [ ]  Chinese (0860)**[ ]**  Sign Language  (4050)[ ]  Other Languages  (9999) |  | **Required** [ ]  Yes [ ]  No |  | **Required** [ ]  Yes [ ]  No |
|  |  |  | **Federal Placement Comment** |  | **IFSP Justification** |
|  |  |  | **77 Required** |  | **88 (EI Only) Required****[ ]  Yes [ ]  No** |

1. Age as of September 1, 2023. Some students may be age 5 as of December 1, 2023.

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| **EI: Reason for Exit (for exiting students only)** | **ECSE: Reason for Exit (for exiting students only)** |
| **84 Required for all exited EI children (except those moving directly to ECSE)** (check one) (Do not check any box if student transitioned directly to Part B (ECSE) program) | **84 Required for all exited ECSE students.** (check one) |
| [ ]  IFSP completed before age 3 (10)[ ]  Part B elig. not determined (11)[ ]  Not elig. Part B, exit to other prog. (12)[ ]  Not elig. Part B, exit w/no referrals (13)[ ]  Deceased (15) | [ ]  Moved within Oregon (16)[ ]  Moved out of state (17)[ ]  Withdrawal by parent (18)[ ]  Contact unsuccessful (19) | [ ]  School age Part B eligible (20)[ ]  School age Part B eligibility not determined (21)[ ]  Not elig. for school age services, exit to other prog. (22)[ ]  Not elig. for school age services, exit w/out referrals (23)[ ]  No longer elig. for ECSE prior to Kindergarten (24) | [ ]  Deceased (25)[ ]  Moved within Oregon (26)[ ]  Moved out of state (27)[ ]  Withdrawal by parent (28)[ ]  Contact unsuccessful (29) |
| SPED Flag |  | Social Security No. |  | **Street Address** |  | **City/Zip** |  | Phone Number |
| 39 Optional[ ]  Yes[ ]  No |  | 25 Optional||| |  | **27 Required** |  | **28-29 Required** |  | 32 Optional |

**SPECIAL EDUCATION CHILD COUNT CODES FOR COMPUTER AND FORM USE**

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| **16 Gender** | **17-22 Ethnicity / Race Flag** | **26 Grade** | **80 SECC Secondary Federal Placement Code** |
|  M Male F Female X Non-Binary | Field 17 is a **Yes** or **No** and **MUST** be completed regardless of selected choice in Fields 18-22.“Decline to Report” is not an option. | PK Pre-Kindergarten | **Required for students 3-5 on Dec. 1st.**M1 EC 10 hrs + and 50% + of services in ECM2 EC 10 hrs + and < 50% of services in ECL1 EC < 10 hrs and 50% + services in ECL2 EC < 10 hrs and < 50% of services in EC |
| **57 SECC Record Type** | **58-62 Disabilities Code** (includes Primary) | **63-68 Related Services** |
| A1 Active Early InterventionE1 Exited Early InterventionA2 Active ECSEE2 Exited ECSE | 10 Intellectual Disability20 Deaf and Hard of Hearing40 Visual Impairment Including Blindness43 Deaf-Blindness50 Speech/Language Impairment60 Emotional Behavior Disability | 70 Orthopedic Impairment74 Traumatic Brain Injury80 Other Health Impairment82 Autism Spectrum Disorder90 Specific Learning Disability96 Developmental Delay (ages 0-2/EI Only)98 Developmental Delay (ages 3-9) | 17 Psychological Services18 School/Social Work Services19 Occupational Therapy20 Speech/Language Therapy21 Audiology Services24 Physical Therapy25 Transportation Services26 Medical Services | 27 Family Training/Counseling/ Consultation28 Assistive Technology30 Health Services31 Nursing Services32 Nutrition/Feeding Services33 Respite Care34 Special Services35 Vision Services |
| **69-74 Supplemental Services** | **76** **Federal Placement Code EI** | **Federal Placement Code ECSE** | **78 Agency Serving Type** |
| 39 Instructional Aide/Assistance/Intervener Services40 Augmentative Communication Services41 Autism Services42 Behavior Consultative Services43 Braille Services45 ES/Migrant Services48 Sign Language Interpreter Services49 Language Interpreter for Parents52 Transition Services | 00 Not Specified (Not Eligible only)10 Program designed for typically developing children11 Program designed for children with developmental delays12 Hospital (Inpatient)13 Service provider location16 Residential Facility18 Other Setting19 Home | 00 Not Specified (Not Eligible only)20 50% or more of ECSE services received in the Early Childhood Program22 Hospital23 EC Program (less than 50%)24 Separate School25 Separate Class26 Residential Facility27 Service Provider Location28 Other Setting29 Home | 10 EI Program only11 EI LTCT\*13 EI with Regional Inclusive Services18 EI PNF20 ECSE Program21 ECSE LTCT\*23 ECSE Regional Inclusive Services28 ECSE PNF80 Not Claimed81 Parentally Placed Private School – Not Receiving Services90 Exited |

\*LTCT and Hospital are (very) infrequently used codes for EI/ECSE aged students. If you have questions about the use of these codes please contact OSS/SECC staff before using.