|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Oregon Department of Education  Office of Student Services  255 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 EC  M2 EC 10 hrs + and < 50% of services in EC  L1 EC < 10 hrs and 50% + services in EC  L2 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 Intervention  E1 Exited Early Intervention  A2 Active ECSE  E2 Exited ECSE | 10 Intellectual Disability  20 Deaf and Hard of Hearing  40 Visual Impairment Including Blindness  43 Deaf-Blindness  50 Speech/Language Impairment  60 Emotional Behavior Disability | | | 70 Orthopedic Impairment  74 Traumatic Brain Injury  80 Other Health Impairment  82 Autism Spectrum Disorder  90 Specific Learning Disability  96 Developmental Delay (ages 0-2/EI Only)  98 Developmental Delay (ages 3-9) | | 17 Psychological Services  18 School/Social Work Services  19 Occupational Therapy  20 Speech/Language Therapy  21 Audiology Services  24 Physical Therapy  25 Transportation Services  26 Medical Services | | | 27 Family Training/Counseling/ Consultation  28 Assistive Technology  30 Health Services  31 Nursing Services  32 Nutrition/Feeding Services  33 Respite Care  34 Special Services  35 Vision Services |
| **69-74 Supplemental Services** | | | **76** **Federal Placement Code EI** | | **Federal Placement Code ECSE** | | | **78 Agency Serving Type** | |
| 39 Instructional Aide/Assistance/Intervener Services  40 Augmentative Communication Services  41 Autism Services  42 Behavior Consultative Services  43 Braille Services  45 ES/Migrant Services  48 Sign Language Interpreter Services  49 Language Interpreter for Parents  52 Transition Services | | | 00 Not Specified (Not Eligible only)  10 Program designed for typically developing children  11 Program designed for children with developmental delays  12 Hospital (Inpatient)  13 Service provider location  16 Residential Facility  18 Other Setting  19 Home | | 00 Not Specified (Not Eligible only)  20 50% or more of ECSE services received in the Early Childhood Program  22 Hospital  23 EC Program (less than 50%)  24 Separate School  25 Separate Class  26 Residential Facility  27 Service Provider Location  28 Other Setting  29 Home | | | 10 EI Program only  11 EI LTCT\*  13 EI with Regional Inclusive Services  18 EI PNF  20 ECSE Program  21 ECSE LTCT\*  23 ECSE Regional Inclusive Services  28 ECSE PNF  80 Not Claimed  81 Parentally Placed Private School – Not Receiving Services  90 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.