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| Oregon Department of Education  Office of Student Services  255 Capitol St NE – Public Service Bldg.  Salem OR 97310-0203 | **SCHOOL PROGRAM**  December 1, 2023  (internal use only) | Special Education Child Count  **IDEA Part B School Age 5 - 21** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| * 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 Optional | | | |

**Disabilities** **Related Services**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SPED Flag |  | **EL Flag** | | | |  | **Transition Program** | | | | | | | |  | **SECC  Record Type** | |  | | **PRI** | S1 | S2 | | S3 | | | | S4 |  | **63** | **64** | **65** | | | | **66** | | **67** | **68** |
| 38  Optional  Yes  No |  | **42**  **Required**  Yes  No | | | |  | **52**  Yes  No | | | **52 is Required for age 18-21 grade 12 only** | | | | |  | **57 Required**  | | |  | | **58 Required**  | | 59  | | 60  | | | 61  | | | | | 62  | |  | | | | | | | | | | | | | | | | |
| **SpEd Resident District** | | |  | **Federal Placement** | | | |  | **SECC 2nd Fed. Placement** | | | |  | **Serving Agency Type** | | |  | | **Most Recent Eligibility Date** | | | | | | |  | **Most Recent IEP/IFSP Date** | | | | | |  | **Special Education Exit Date** | | | | | | |
| **75 Required**  ||| | | |  | **76 Required**  | | | | |  | **80 Required for students ages 3-5 on  Dec. 1st.** | | | |  | **78 Required** | | |  | | **81 Required**  MMDDYYYY  ||||||| | | | | | | |  | **82 Required**  MMDDYYYY  ||||||| | | | | | |  | **83 Required**  MMDDYYYY  ||||||| | | | | | | |
| **Ethnicity / Race Type** | | | | | | | | | | |  | **Type of Placement/Enrollment/Attendance** | | | | | | | | | | |  | | **Reason for Exit (exiting students only)** | | | | | | | | | |  | | **Primary Language** | | |
| **17 Required**  **Hispanic/Latino Ethnic Flag**  This field is a **Yes** or **No** and **MUST** be completed.  Yes  No | | | | | **18-22 Required**  American Indian/Alaska Native Race Flag  Asian Race Flag  African American Race Flag  White Race Flag  Native Hawaiian/Other Pacific Islander Race Flag | | | | | |  | **79 Required (check one)**  Normal District Enrollment (Default) (N)  Private or Parochial School - Parent Placed (w/ Service Plan) (Y)  Approved Private School - District Placed (w/ IEP/Service Plan) (A)  Parent Paid Tuition to Public School (T)  Home Schooled (H)  Inter-District Transfer (I)  Open Enrollment (E)  Charter School (C)  Jail/ACEP/YCEP/JDEP (J)  Homeless (M)  Other (O) | | | | | | | | | | |  | | **84 Required for all exited youth > 14**  Graduated with Regular Diploma (30)  Received a Modified Diploma (31)  Received a Certificate (32)  Returned to Regular Education (33)  Reached Maximum Age (34)  Deceased (35)  Moved, Continuing in Education (36)  Received an Extended Diploma (37)  Dropped Out (39) | | | | | | | | | |  | | **85 Required  (check one)**  English (1290)  Spanish (4260)  Russian (3830)  Vietnamese (4800)  Chinese (0860)  Sign Language (4050)  Other languages (9999) | | |

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| **Early Entry** |  | Social Security No. |  | **Street Address** |  | **City/Zip** |  | Phone Number |
| **89**  Yes  No |  | 25 Optional  ||| |  | **27 Required** |  | **28-29- Required** |  | 32 Optional |

**SPECIAL EDUCATION CHILD COUNT CODES FOR COMPUTER AND FORM USE[[1]](#footnote-1)**

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| **16 Gender** | | | **57 SECC Record Type** | | | | **17-22 Ethnicity / Race Type** | | | |
| M Male  F Female  X Non-Binary | | | A3 Active School Age  E3 Exited School Age | | | | **Hispanic/Latino Flag**: Field #17 is a **Yes** or **No** and **MUST** be completed regardless of choice in Field 18-22 “Race Flag”  “Decline to Report” is not an option. | | | |
| **26 Grade** | | | | | | **58-62 Disability Codes** | | | | |
| PK Pre-Kindergarten  KG Kindergarten   1. 1st Grade 2. 2nd Grade 3. 3rd Grade 4. 4th Grade | 1. 5th Grade 2. 6th Grade 3. 7th Grade 4. 8th Grade 5. 9th Grade 6. 10th Grade | | | 1. 11st Grade 2. 12th Grade | | 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  98 Developmental Delay (ages 3-9) |
| **76 Federal Placement Code** | | | | | **63-68 Related Services** | | | | | |
| 1. Not Specified (Not Eligible only)   30 80% or > of day: Regular Class  31 40-79% of day: Regular Class  32 Hospital  33 <40% of day: Regular Class  34 Public Separate School  35 Private Separate School | | 36 Public Residential Facility  37 Private Residential Facility  38 Correctional Facility  39 Homebound  40 Parentally Placed in Private School  41 Homeschooled | | | 17 Psychological Services  18 School/Social Work Service  19 Occupational Therapy  20 Speech/Language Therapy  21 Audiology Service  22 Recreation Service  23 Orientation and Mobility | | | 24 Physical Therapy  25 Transportation Service  26 Medical Service  27 Family Training/ Counseling/ Consultation Service  28 Assistive Technology  30 Health Service | | |
| **80 SECC Secondary Federal Placement Code**  **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 | | | | | **78 Serving Agency Type**  30 District only  31 LTCT  32 Hospital  33 Regional Inclusive Services  34 OSD  35 ACEP | | | | 36 YCEP  37 JDEP  38 PNF  90 Exited  80 Not Claimed  81 Parentally Placed Private School – Not Receiving Services | |

1. Due to layout changes, field order on this form is not always in numeric order. [↑](#footnote-ref-1)