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| Oregon Department of Education  Office of Student Services  255 Capitol St NE – Public Service Bldg.  Salem OR 97310-0203 | | | | | | | | | **Child Find (Indicator 11)**  July 1, 2023 - June 30, 2024 | | | | | | | | | | | | | | | | | | | | Submitting Agency ID | | | | | | | | | | | | | | |  | | | | |  | | | | |  | |  |
| Submitting Agency Name | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Person Reporting | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| All **dark bordered** items **MUST** be completed for each student. | | | | | | | | | **Do NOT Submit this form to ODE**  **(internal use only)** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | (Area Code) | | | | | | | | | | | | |
| **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 (ECSE only)** | | | |
| Language  of Origin |  | **EL Flag** |  | **Primary Disability** | | | | | |  | **SpEd  Resident Dist.** |  | **Initial Consent Date** | | | | | | | |  | | **Determination Date** | | | | | | | | | | | | |  | **Eligibility Flag** | | | | |  | **Timeline School Days** | | | | | | | |  | | **Reason Timeline Not Met Code** | | | |
| 24 Optional  ||| |  | **42 Required**  Yes  No |  | **57 Required**  | | | | | | |  | **59 Required**  ||| |  | **60 Required**  MMDDYYYY  ||||||| | | | | | | | |  | | **61 Required**  MMDDYYYY  ||||||| | | | | | | | | | | | | |  | **62 Required**  Yes  No | | | | |  | **63 Required**  ||| | | | | | | | |  | | **64 Required** | | | |
| **Reason Timeline Not Met Comment** | | | | | | | | | | | | | |  |  | | | | |  | | **Private School Enrollment at Referral Flag** | | | | | | | | | | | |  | **Private School Enrollment at Eligibility Flag** | | | | | | | | | | |  | | **Consent for  Initial Provision Flag** | | | | | | | | | |
| **65 Required (if code 2, 5, or 6 is used)** | | | | | | | | | | | | | |  |  | | | | |  | | **66 Required**  Yes  No | | | | | | | | | | | |  | **67 Required**  Yes  No | | | | | | | | | | |  | | **68 Required**  Yes  No | | | | | | | | | |

**Child Find (Indicator 11)** July 1, 2023 – June 30, 2024

|  |
| --- |
|  |
| **Race Type** |

Hispanic/Latino Ethnic Flag:

|  |
| --- |
| **17 Required** This field is a Yes or No and **MUST** be completed.  Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **18-22 Required  American Indian or Alaska Native** | **Asian** | **African American** | **White, not of Hispanic origin** | **Pacific Islander/Native Hawaiian** |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SPECIAL EDUCATION CHILD FIND (Indicator 11) CODES FOR COMPUTER AND FORM USE** | | | | | | | | |
| **16 Gender**  M Male | F Female | X Non-Binary | | **57 Primary Disability Code**  00 Not Applicable  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) | **24 Language** *(if not listed see full code list in SSID on the District webpage)*  1290 English  4260 Spanish  3830 Russian  4800 Vietnamese  0860 Chinese  4050 Amer. Sign Language | |
| **26 Grade**  PK Pre-Kindergarten  KG Kindergarten   1. 1st Grade 2. 2nd Grade 3. 3rd Grade | 1. 4th Grade   05 5th Grade   1. 6th Grade 2. 7th Grade   08 8th Grade | 09 9th Grade  10 10th Grade  11 11th Grade  12 12th Grade | |
| **64 Reason Timeline Not Met**  0 Not applicable (Timeline Met)  2 Parent Guardian did not present child/student for testing (Comment Required)  3 Parent/guardian did not attend eligibility meeting | | | 4 Initial testing results indicated need for additional testing not identified through initial evaluation planning  5 Delay by doctor/medical personnel (Comment Required)  6 Delay by district/program evaluation staff (Comment Required) | | 7 Within extended timeline by written agreement for a student transfer  8 Within extended timeline by written agreement to  determine if a student has a specific learning disability | | |  |