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| Oregon Department of EducationOffice of Student Services255 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

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|  |
| **Race Type** |

Hispanic/Latino Ethnic Flag:

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| **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 |

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| **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 Applicable10 Intellectual Disability20 Deaf and Hard of Hearing40 Visual Impairment Including Blindness43 Deaf-blindness50 Speech/Language Impairment | 60 Emotional Behavior Disability70 Orthopedic Impairment74 Traumatic Brain Injury80 Other Health Impairment82 Autism Spectrum Disorder90 Specific Learning Disability98 Developmental Delay (ages 3-9) | **24 Language** *(if not listed see full code list in SSID on the District webpage)*1290 English4260 Spanish3830 Russian4800 Vietnamese0860 Chinese4050 Amer. Sign Language |
| **26 Grade**PK Pre-KindergartenKG Kindergarten1. 1st Grade
2. 2nd Grade
3. 3rd Grade
 | 1. 4th Grade

05 5th Grade1. 6th Grade
2. 7th Grade

08 8th Grade | 09 9th Grade10 10th Grade11 11th Grade12 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 |  |