

EMIS Data Collection Form for Students with Disabilities

CHILD'S INFORMATION

NAME: _____
 ID NUMBER: _____ GRADE: _____
 DATE OF BIRTH: _____ GENDER: _____
 BUILDING OF ATTENDANCE: _____

DISTRICT OF RESIDENCE: _____
 DISTRICT OF SERVICE: _____
 DISABILITY CATEGORY: _____
 DISABILITY START DATE (if changed): _____

SPECIAL EDUCATION EVENTS

CODE	EVENT DATE	OUTCOME ID	START DATE	END DATE	NON-COMPLIANCE ID
PSTC			---	---	---
RFRL		---	---	---	---
CNST			---	---	---
IETR			---	---	
IIEP					
AIEP					
IISP					
RISP					
RETR			---	---	
RIEP					
TETR					---
TIEP					---
CIEP		---	---	---	
SEMD		---	---	---	---

SECONDARY PLANNING ELEMENT (Result of transition planning on the IEP for students age 14 and above): _____

SERVICES (Including Preschool Itinerant Services, if applicable)

SERVICE	START DATE	END DATE	SERVICE	START DATE	END DATE

IEP REQUIRED TEST TYPE (Method student will take tests in general, not limited to state testing): _____

OHIO GRADUATION EXEMPTIONS

Is the child excused from the consequences of not passing required graduation tests? YES NO

The child is excused from the consequences of not passing the required graduation tests in the following subjects:

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Served by 504 Plan: _____ Start Date: _____

DISTRICT REPRESENTATIVE SIGNATURE: _____ DATE: _____