Student Information/ Schedule for Data Base System	Student_____ Grade_____ Student ID#_____	Comments:

A-Add D-Drop R-Revised	Period	Time (from-to)	Daily Minutes	Weekly Minutes	Course #	Course Title	Section #	Teacher	ESE C-Consult SF-Support Facilitation AS-Academic Support T-Therapy
Total Time in ESE Class/Therapy									
Total Time in Regular Education									

ESE Information

IEP Date_____
Primary Exceptionality_____
List all other ESE Programs_____
Referral Date_____
Evaluation Completion Date_____
Eligibility Date_____
Placement Date_____
Re-Evaluation Date_____
Dismissal Date_____

Data Entry Checklist

___A—Demographic Screen
___C—Student Schedule
___H—ERW Screen
___J—Health Information
___K—Federal State Indicators

Date Given to Data Entry_____

Date Entered Into System_____