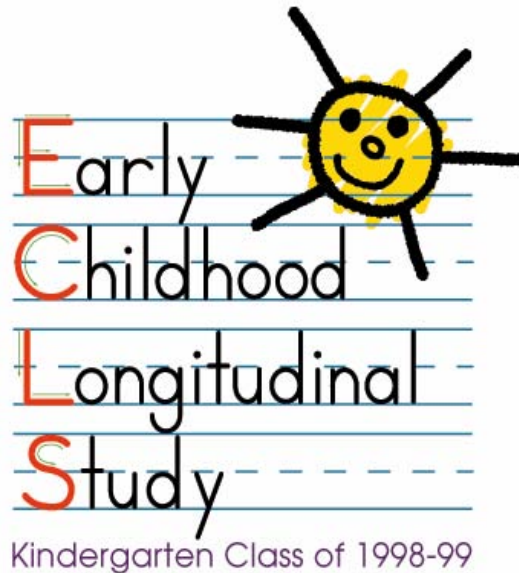


# SPRING 2004 STUDENT RECORDS ABSTRACT FORM



L A B E L

Prepared for the U.S. Department of Education  
National Center for Education Statistics

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#### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

## INTRODUCTION

### Instructions for Completing this Form

This form is an important part of the Early Childhood Longitudinal Study, Kindergarten Class of 1998 – 1999, a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. Please complete this form after the last day of school for the year so information about this child will be as complete as possible.

This form collects information from student records regarding attendance and whether or not the child has an IEP on record.

Please complete this form for the child whose name appears on the label on the cover whether the child is currently enrolled or has withdrawn from your school. To complete this form, please refer to the child's student record and record your answers directly on the form by circling the appropriate number or by writing your responses in the spaces provided.

If you have questions about completing this form, please call the Respondent Hotline at 1-800-750-6206.

Thank you very much for your help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006.

1. Was this child enrolled in this school the whole school year?
- a. Yes ..... 1 **(SKIP TO Q6)**
- b. No..... 2 **(GO TO Q2)**

2. Write the date the child entered school this school year:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

3. Write the date the child left school:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

4. Why did the child leave? CIRCLE ONE NUMBER.

- a. Transferred..... 1 **(GO TO Q5)**
- b. Other (Please Specify) ..... 2

\_\_\_\_\_

\_\_\_\_\_

- c. Unknown ..... 8

5. Please record the school name and address into which this child transferred:

\_\_\_\_\_

School Name

\_\_\_\_\_

School Address

\_\_\_\_\_

City State ZIP Code

\_\_\_\_\_

(Area Code) Telephone Number

6. Please record the total number of absences for this child for the 2003-2004 school year.  
Check here if your school does not keep attendance records  (SKIP TO Q8)

Total absences	<input type="text"/>
Excused	<input type="text"/>
Unexcused	<input type="text"/>

7. Please record the total number of tardies for this child for the 2003-2004 school year.

Total tardies	<input type="text"/>
Excused	<input type="text"/>
Unexcused	<input type="text"/>

8. Does this child have an IEP/IFSP on record? CIRCLE ONE NUMBER.

- a. Yes, the child has an IEP/IFSP on record with the school ..... 1
- b. Yes, the child has an IEP/IFSP and it is on record  
at another school ..... 2
- c. No, the child does not have an IEP/IFSP ..... 3 (SKIP TO Q12)
- d. Don't know ..... 8 (SKIP TO Q12)

9. For which of the following academic school years does the child have at least one IEP/IFSP on record?  
CIRCLE EACH YEAR FOR WHICH THE CHILD HAS AN IEP/IFSP. IF MORE THAN ONE IEP/IFSP  
COVERS THE SAME SCHOOL YEAR, RECORD THE EARLIEST DATE FOR THAT YEAR.

	Write Month and Year IEP/IFSP was signed
2003-2004..... 1	____/____
2002-2003..... 2	____/____
2001-2002..... 3	____/____

10. What is the disability classification listed on the most current IEP/IFSP? CIRCLE ALL THAT APPLY. WRITE THE DISABILITY CLASSIFICATION IN THE SPACE BELOW IF IT DOES NOT EXACTLY MATCH ONE OF THE CODES PROVIDED.

- |                                     |   |                              |    |
|-------------------------------------|---|------------------------------|----|
| Learning Disability.....            | 1 | Physically Impaired .....    | 8  |
| Serious Emotional Disturbance ..... | 2 | Multiple Impairments .....   | 9  |
| Speech or Language Impaired.....    | 3 | Deaf and Blind.....          | 10 |
| Mental Retardation .....            | 4 | Developmental Delay .....    | 11 |
| Visually Impaired (Blind) .....     | 5 | Autism .....                 | 12 |
| Hearing Impaired (Deaf) .....       | 6 | Traumatic Brain Injury ..... | 13 |
| Health Impaired .....               | 7 | Other (Please Specify) ..... | 14 |

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11. For the child's current IEP/IFSP, was the child's primary placement a general education classroom? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2
- c. Don't know..... 8

12. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**



OFFICE USE ONLY

C .....	1
C, DR C .....	2
C, DR R .....	3
R .....	4