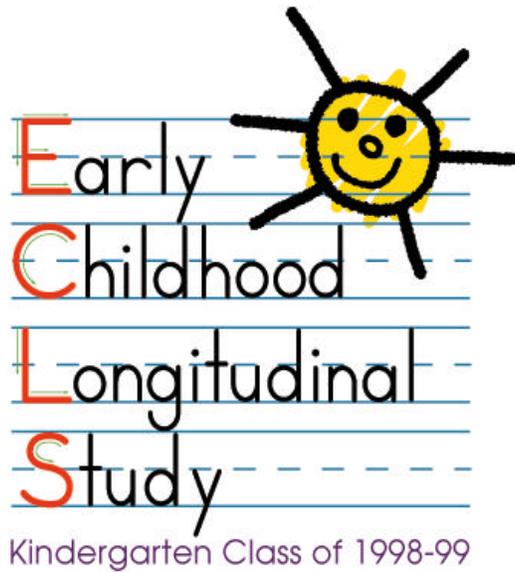


SPRING 2000 STUDENT RECORDS ABSTRACT FORM



LABEL

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 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. 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. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). 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 reported.

Instructions for completing this form.

This form is an important part of 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, whether or not the child has an IEP/IFSP on record, and home language.

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this form for the child whose name appears on the label on the cover whether the child is currently enrolled or has withdrawn from your school.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, 555 New Jersey Avenue, N.W., Washington, DC 20208.

1. Write the date the child entered school this school year: ____ / ____ / ____
MONTH DAY YEAR

2. Write the date the child left school: ____ / ____ / ____
IF CHILD IS STILL ENROLLED, SKIP TO Q4. MONTH DAY YEAR

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

Transferred 1 **(GO TO Q3a)**

Other (Please Specify) 2

Unknown 8

3a. Please record the school name and address into which this child transferred:

School Name

School Address

City State Zip Code

(Area Code) Telephone Number

4. What was the status of this child during the previous school year (1998-1999)?
CIRCLE ONE NUMBER.

- a. Attended kindergarten at this school 01
 - b. Attended kindergarten at another school 02
 - c. Attended first grade at this school 03
 - d. Attended first grade at another school 04
 - e. Did not attend kindergarten 05
 - f. Home-schooled 06
 - g. Out of country – Military family 07
 - h. Out of country – Immigrant family 08
 - i. Other (Please Specify) 09
- _____
- _____
- j. Don't know 98

5. Does this school keep attendance records? CIRCLE ONE NUMBER.

- Yes 1 (**COMPLETE THE ATTENDANCE RECORD TABLE BELOW**)
- No 2 (**GO TO Q7**)

TERM TYPE CIRCLE ONE	DATES OF TERM 1999-2000	NUMBER OF DAYS IN TERM	ATTENDANCE RECORDS	
			ABSENCES	TARDIES
1st Quarter 1	____/____/____ to ____/____/____ MO DA YR MO DA YR	_____ #DAYS	Total _____	Total _____
1st Semester ... 2			Excused _____	Excused _____
1st Trimester ... 3			Unexcused _____	Unexcused _____
Full Year 4				
2nd Quarter 1	____/____/____ to ____/____/____ MO DA YR MO DA YR	_____ #DAYS	Total _____	Total _____
2nd Semester .. 2			Excused _____	Excused _____
2nd Trimester .. 3			Unexcused _____	Unexcused _____
3rd Quarter 1	____/____/____ to ____/____/____ MO DA YR MO DA YR	_____ #DAYS	Total _____	Total _____
3rd Trimester ... 2			Excused _____	Excused _____
			Unexcused _____	Unexcused _____
4th Quarter 1	____/____/____ to ____/____/____ MO DA YR MO DA YR	_____ #DAYS	Total _____	Total _____
			Excused _____	Excused _____
			Unexcused _____	Unexcused _____

6. What is the school's definition of an excused absence or tardy? _____

7. 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 **(GO TO Q13)**
 - d. Don't know 8 **(GO TO Q13)**

8. For which academic school year does the child have at least one IEP/IFSP on record? CIRCLE ALL YEARS 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
1999-2000.....	1	___/___
1998-1999.....	2	___/___
1997-1998.....	3	___/___
1996-1997.....	4	___/___
1995-1996.....	5	___/___
1994-1995.....	6	___/___
1993-1994.....	7	___/___
1992-1993.....	8	___/___
1991-1992.....	9	___/___

9. 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.....01 | Physically Impaired..... 08 |
| Serious Emotional Disturbance02 | Multiple Impairments..... 09 |
| Speech or Language Impaired.....03 | Deaf and Blind..... 10 |
| Mental Retardation04 | Developmental Delay..... 11 |
| Visually Impaired (Blind)05 | Autism 12 |
| Hearing Impaired (Deaf)06 | Traumatic Brain Injury 13 |
| Health Impaired07 | Other (Please Specify) 14 |

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

- Yes 1
 No..... 2
 Couldn't tell 8

11. Is a copy of the child's most current IEP/IFSP enclosed with this abstract form? CIRCLE ONE NUMBER.

- Yes 1
 No..... 2 **(GO TO Q12)**

12. Why not?

13. Which type of Language/English Proficiency Screening does the school use? CIRCLE ONE NUMBER.

Home Language Survey..... 1

Other (Please Specify) 2

None 3 **(SKIP TO Q17)**

	Yes	No
14. Is a language other than English used in the home? CIRCLE ONE NUMBER.	1	2

15. Does the student have a first language other than English? CIRCLE ONE NUMBER.	1	2
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16. Does the student most frequently speak a language other than English? CIRCLE ONE NUMBER.	1	2
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17. Is a copy of the child's report card enclosed with this abstract form? CIRCLE ONE NUMBER.

Yes 1 **(PLEASE PLACE A COPY OF THE REPORT CARD INSIDE THIS FORM.)**

No..... 2 **(GO TO Q18)**

18. Why not?

19. In which grade is this child enrolled for the 1999 – 2000 school year? CIRCLE ONE NUMBER.

Kindergarten 1

First grade 2

This is an ungraded classroom 3

Second grade 4