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# **ECLS-K STUDENT RECORDS ABSTRACT FORM SPRING 1999**

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.

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 1850-0719. 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.

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.

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

Please complete this form for the child whose name appears on the label on the cover. Please write your answers directly on the form by circling the appropriate number or by writing your responses in the space provided.

Thank you very much for your help.

1. Write the date the child Entered School: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

2. Write the date the child Left School: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

3. Why did the child leave:

Transferred ..... 1 (GO TO 3A)  
Other (Specify) \_\_\_\_\_ 2  
Unknown ..... 3

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. Did child repeat a grade during the academic year?

Yes ..... 1  
No ..... 2

5. Does this school keep attendance records?

Yes ..... 1 (COMPLETE THE ATTENDANCE RECORD TABLE BELOW)  
No ..... 2 (GO TO 7)

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does this child have an IEP/IFSP on record with the school?

Yes ..... 1  
No ..... 2 (SKIP TO 11)

8. For which academic school year does the child have at least one IEP on record? CIRCLE ALL YEARS FOR WHICH THE CHILD HAS AN IEP. IF MORE THAN ONE IEP COVERS THE SAME SCHOOL YEAR, RECORD THE EARLIEST DATE FOR THAT YEAR.

**Write Month and Year  
IEP was signed**

1998-1999.....	1	___/___
1997-1998.....	2	___/___
1996-1997.....	3	___/___
1995-1996.....	4	___/___
1994-1995.....	5	___/___
1993-1994.....	6	___/___
1992-1993.....	7	___/___
1991-1992.....	8	___/___

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 Disturbance ..... | 02 | Multiple Impairments.....    | 09 |
| Speech or Language Impaired .....   | 03 | Deaf and Blind .....         | 10 |
| Mental Retardation .....            | 04 | Developmental Delay .....    | 11 |
| Visually Impaired (Blind) .....     | 05 | Autism .....                 | 12 |
| Hearing Impaired (Deaf) .....       | 06 | Traumatic Brain Injury ..... | 13 |
| Health Impaired .....               | 07 | Other, Specify .....         | 14 |
- (WRITE DESCRIPTION BELOW)

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

Yes ..... 1  
No ..... 2  
Couldn't tell ..... 3

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

Yes ..... 1  
No ..... 2 (12)

12. Why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Home Language Survey..... 1  
Other (Specify) \_\_\_\_\_ 2  
None ..... 3 (GO TO 17)

		<u>YES</u>	<u>NO</u>
14.	Is a language other than English used in the home?	1	2
15.	Does the student have a first language other than English?	1	2
16.	Does the student most frequently speak a language other than English?	1	2
17.	Did the child attend Head Start before entering kindergarten?		

Yes ..... 1  
No ..... 2

18. What is the name, address and telephone number of the Head Start center the child attended?

_____		_____
CENTER NAME		CENTER ID
_____		
CENTER ADDRESS		
_____		
CITY	STATE	ZIP CODE
_____		
(AREA CODE) TELEPHONE NUMBER		

19. What is the name of the Head Start center director?

\_\_\_\_\_  
CENTER DIRECTOR NAME

20. Is a copy of the child's report card enclosed with this abstract form?

Yes ..... 1  
No ..... 2 (18)

21. Why not?

\_\_\_\_\_  
\_\_\_\_\_