ECLS-K
STUDENT RECORDS ABSTRACT FORM
SPRING 1999

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

by Westat
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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)

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

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998-1999</td>
<td>1</td>
</tr>
<tr>
<td>1997-1998</td>
<td>2</td>
</tr>
<tr>
<td>1996-1997</td>
<td>3</td>
</tr>
<tr>
<td>1995-1996</td>
<td>4</td>
</tr>
<tr>
<td>1994-1995</td>
<td>5</td>
</tr>
<tr>
<td>1993-1994</td>
<td>6</td>
</tr>
<tr>
<td>1992-1993</td>
<td>7</td>
</tr>
<tr>
<td>1991-1992</td>
<td>8</td>
</tr>
</tbody>
</table>

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
- Serious Emotional Disturbance ............................. 02
- Speech or Language Impaired .............................. 03
- Mental Retardation ........................................... 04
- Visually Impaired (Blind) ................................. 05
- Hearing Impaired (Deaf) ..................................... 06
- Health Impaired ................................................ 07
- Physically Impaired .......................................... 08
- Multiple Impairments ........................................ 09
- Deaf and Blind ............................................... 10
- Developmental Delay ......................................... 11
- Autism ......................................................... 12
- Traumatic Brain Injury ...................................... 13
- Other, Specify .............................................. 14

(WRITE DESCRIPTION BELOW)

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)

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?

________________________________________________________________________
________________________________________________________________________