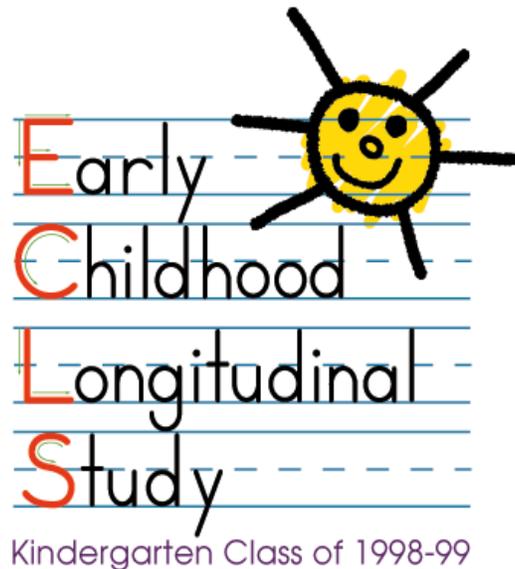


SPRING 2002 STUDENT RECORDS ABSTRACT FORM



L A B E L

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

by Westat
1650 Research Boulevard
Rockville, Maryland 20850
(301) 251-1500

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. The information you provide will be kept confidential and will be protected to the fullest extent allowable under law. Information will be protected from disclosure by federal statute (20 USC 9003a —9007 as amended). 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.

INTRODUCTION

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 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this form for the child whose name appears on the label on the cover whether the child is currently enrolled or has withdrawn from your school.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 2001-2002 school year.
 Check here if your school does not keep attendance records (SKIP TO Q8)

Total absences	
Excused	
Unexcused	

7. Please record the total number of tardies for this child for the 2001-2002 school year.

Total tardies	
Excused	
Unexcused	

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
2001-2002..... 1	____ / ____
2000-2001..... 2	____ / ____

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 |

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. Couldn't tell 8

12. Is a copy of the child's report card for the 2001-2002 school year enclosed with this abstract form? CIRCLE ONE NUMBER.

- a. Yes 1 (PLEASE PLACE A COPY OF THE REPORT CARD INSIDE THIS FORM.)
- b. No 2

13. Date questionnaire completed:

____ / ____ / ____
MONTH DAY YEAR

THANK YOU FOR YOUR COOPERATION

Please return this completed questionnaire in the envelope provided to:

Galen McKeever
Westat
9274 Gaither Road, W-14
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C	1
DR C	2
DR R	3
R	4