



Exceptional Student Education
IEP/EP Data Entry Form

New: ☐ IEP ☐ EP

Amendment to: ☐ IEP ☐ EP Dated: _____ IEP Manager: _____

Student Name: _____ Other ID: _____ Date of Birth: _____

EP/IEP Information:

EP/IEP Meeting Date (*date meeting was held*): _____ End Date (*for EP/IEP*): _____

IDEA Educational Environment (*check one box*):

- ☐ (A) Home (3-5)
- ☐ (B) Special Education Program in Residential Facility (3-5)
- ☐ (C) Correction Facility
- ☐ (D) Separate School
- ☐ (F) Residential Facility
- ☐ (H) Home/Hospital
- ☐ (J) Service Provider (3-5)
- ☐ (K) Early Childhood Program (3-5)
- ☐ (L) Special Education Program in School or Community (3-5)
- ☐ (M) Early Childhood Program Services Outside Classroom (3-5)
- ☐ (P) Private Schools (6-21)
- ☐ (S) Special Education in Separate School (3-5)
- ☐ (Z) None of the Above (all others 6-21)

Extended School Year (*check one box*):

- ☐ (Y) The student is eligible to receive extended school year services in accordance with an IEP team decision.
- ☐ (N) The IEP team determined that ESY services were not necessary or will be determined at a later date.
- ☐ (Z) The student is not identified as a student with a disability. (Gifted only)

-- continued on next page --

IEP/EP Data Entry Form
Page Two

Note to Guidance Clerical/Data Entry:

- 1) When entering each exceptionality, be sure to use the "Elig" and "Placed" dates from the Initial Evaluation.
- 2) "Ref Date," "Orig Eval," "Elig," "Placed" dates must be in chronological order.

ESE Exceptionalities:

Primary Exceptionality: _____

Additional Exceptionalities: _____ Areas of Related Service: _____

If making a change to the student's program(s)/services (adding or discontinuing), please explain here:

****Dismissal from a therapy requires removal of that service from the student's schedule****

ESE Cost Factor (*Matrix of Services*):

_____ Doman A _____ Domain B _____ Domain C _____ Domain D _____ Domain E

Special Considerations: ☐ None ☐ +13 ☐ +3 ☐ +1 Cost Factor: _____

ESE Minutes (*enter all zeros for gifted only students*):

Total School Minutes: _____

Minutes/Week with Non-Disabled Peers (*subtract ESE minutes from total minutes*): _____

Note to Guidance Clerical/Data Entry:

Alternate Assessment is entered in a separate tab in Skyward. It only needs to be entered once, the first time the student is found eligible for Alternate Assessment.

Alternate Assessments (*check one*):

- ☐ Alternate Assessment (FAA) administered
- ☐ (D) Student will be assessed using the FAA Datafolio and parent signed the "Parental Consent Form/Prior Written Notice: Instruction in the State Standards Access Points Curriculum and Florida Alternate Assessment Administration.
- ☐ (P) Student will be assessed using the FAA Performance Task and parent signed the "Parental Consent Form/Prior Written Notice": Instruction in the State Standards Access Points Curriculum and Florida Alternate Assessment Administration.
- ☐ Student will take statewide FAST and other districtwide assessments or student is in a grade where FAST is not administered

Test Waivers Granted: ☐ ELA ☐ Alg. I EOC