



## **Core Collection: Early Childhood Data System - KG Submission - IN PROGRESS**



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# Core Collection: Early Childhood Data System - KG Submission

The Early Childhood Data System (ECDS) collection is one of the TSDS Core Collections. This guide covers the submission of kindergarten (KG) data. (Pre-kindergarten data is submitted separately.) The reporting of KG program data for ECDS is mandatory for all public school districts and open-enrollment charter schools that administer a test from the [Commissioner's List of Approved Kindergarten Assessment Instruments](#).

LEAs are required to submit specific demographic, classroom link, and special program data elements for the ECDS KG collection. All elements will be submitted in the TSDS Core Collections.

**The ECDS KG submission is due January 30, 2025.**

**NOTE:** The assessment vendor will provide the ECDS KG assessment data directly to TEA. LEAs should contact their assessment vendor for any issues or for the specific timeframe for when their results will be provided to TEA.

[Extract Rules and Edits for 2024-2025](#)



**IMPORTANT:** Each LEA will have unique situations. Some of the dates, images, and examples provided in this document are for informational and instructional purposes only and may not completely represent your LEA's process.

## Prerequisites

- Verify that all roles and users are correct in ASCENDER Security Administration.
- For Student-only districts, the campus must have either entered staff information in District Administration or used the Staff Import utility in State Reporting.

## I. Verify ASCENDER Data

Verify data for each element on the following pages and reports. It is suggested that you run reports first, and then use the maintenance pages to update data where needed.

**NOTE:** ORGANIZATION-CATEGORY (E1240) is the classification of the education agency according to the level of administrative and operational control granted by the state. **This is hard coded in the program as “LEA,” or “School” according to the county-district number.**

## Verify Staff Data

### ***Personnel > Maintenance > Staff Demo > Demographic Information***

### **Reported Elements from Demographic Information:**

Element	Code Table	Data Element	ASCENDER Name
E0703	---	FIRST-NAME	Legal - First
E0704	---	MIDDLE-NAME	Legal - Middle
E0705	---	LAST-NAME	Legal - Last
E1524	---	TX-UNIQUE-STAFF-ID	Texas Unique Staff ID
E0505	---	STAFF-ID	Staff ID

### **RUN REPORT FOR VERIFYING DATA:**

Staff demo data can be verified by running the following report:

### ***Personnel > Reports > User Created Reports***

Save

Create Report

Delete

Reset

Report Template

STAFF DEMO VERIFICATION

☐ Public

Retrieve

Directory

Report Title

Employee Nbr

☐ Employed Only

☐ Employee Demographic

<input checked="" type="checkbox"/> Employee Nbr	<input checked="" type="checkbox"/> Staff ID/SSN	<input type="checkbox"/> Maiden Name	<input type="checkbox"/> Phone Area Cd	<input type="checkbox"/> Last Change Date	<input type="checkbox"/> Emer Contact	<input type="checkbox"/> Hispanic/Latino
<input checked="" type="checkbox"/> Texas Unique Staff ID	<input type="checkbox"/> Address Number	<input type="checkbox"/> Former Prefix	<input type="checkbox"/> Phone Nbr	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Relationship	<input type="checkbox"/> American Indian
<input type="checkbox"/> Name Prefix	<input type="checkbox"/> Street/P.O. Box	<input type="checkbox"/> Former First Name	<input type="checkbox"/> Bus Phone Area	<input type="checkbox"/> Marital Stat	<input type="checkbox"/> Emer Notes	<input type="checkbox"/> Asian
<input checked="" type="checkbox"/> First Name	<input type="checkbox"/> Apt	<input type="checkbox"/> Former Middle Name	<input type="checkbox"/> Bus Phone Nbr	<input type="checkbox"/> Other Language	<input type="checkbox"/> Emer Area Cd	<input type="checkbox"/> African American
<input checked="" type="checkbox"/> Middle Name	<input type="checkbox"/> City	<input type="checkbox"/> Former Last Name	<input type="checkbox"/> Bus Ext	<input type="checkbox"/> Local Use 1	<input type="checkbox"/> Emer Phone Nbr	<input type="checkbox"/> Pacific Islander
<input checked="" type="checkbox"/> Last Name	<input type="checkbox"/> State	<input type="checkbox"/> Former Generation	<input type="checkbox"/> Cell Area Cd	<input type="checkbox"/> Local Use 2	<input type="checkbox"/> Emer Ext	<input type="checkbox"/> White
<input type="checkbox"/> Generation	<input type="checkbox"/> Zip	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Cell Phone Nbr	<input type="checkbox"/> Email		
<input checked="" type="checkbox"/> Sex	<input type="checkbox"/> Zip+4	<input type="checkbox"/> DL State	<input type="checkbox"/> Local Restriction	<input type="checkbox"/> Home Email		
<input checked="" type="checkbox"/> DOB	<input type="checkbox"/> Addr Country	<input type="checkbox"/> DL Expir Date	<input type="checkbox"/> Public Restriction	<input type="checkbox"/> Employee Notes		

## Student

**Grade Reporting > Maintenance > Master Schedule > Campus Schedule > Section**

COURSE SELECTION   COURSE   **SECTION**   INSTRUCTOR   COPY COURSE SECTION

Course Number  Retrieve

Del	Details	Course	Title	Sec	Max Seats	Stu Enroll Sem 1	Stu W/D Sem 1	Stu Enroll Sem 2	Stu W/D Sem 2	Multi Svc Ind	Incl UIL Elig	Lock	Dst Lrng	Non Campus Based
		0911	ENGLISH 1 ALT	10	010	4	0	4	0	<input type="checkbox"/>	N	<input type="checkbox"/>		00
		0911	ENGLISH 1 ALT	11	010	1	2	1	0	<input type="checkbox"/>	N	<input type="checkbox"/>		00
		0911	ENGLISH 1 ALT	12	010	2	0	2	0	<input type="checkbox"/>	N	<input type="checkbox"/>		00
		0911	ENGLISH 1 ALT	60	010	0	0	0	0	<input type="checkbox"/>	N	<input type="checkbox"/>		00
		0912	ENGLISH 2 ALT	10	010	1	4	1	1	<input type="checkbox"/>	N	<input type="checkbox"/>		00
		0912	ENGLISH 2 ALT	11	010	5	2	5	0	<input type="checkbox"/>	N	<input type="checkbox"/>		00

First  / 139

=> Crs Nbr: 0911 : ENGLISH 1 ALT Svc ID: 03220107 Multi Svc Ind: ☐ Lock: ☐ Include UIL Elig: N

Section: 10 Max Seats: 010 Enrolled Students Sem 1: 4 Sem 2: 4 Non Campus Based: 00  Dst Lrng:

**Section Information**

Sped Stu Age: 00  Crs Seq:

Pop Srvd:  Wks/Mnth:

Instruct Set:  PK Curricula:

Class Type:  Stu Instr:

High Qual PK Prog:  Home Room Ind: ☐

PK Sch Type:

Include WD Meeting Times: ☒

**Restrictions**

Type Rstrctn:

Team Code:

Gender Rstrctn:

Grade Rstrctn:  +

**Child Care Partnership**

Delete  Operation Number

**Course Codes and Credits**

Dual Crdt:

Adv Tech Crdt:

AAR Use:

Grad Plan Use:

Special Consid:

**College Credit Hrs**

Sem 1: 0

Sem 2: 0

OnRamps:

**District Information**

Crs Seq: ☐ Exam/Sem Pat: 1  Gender Rstrctn: ☐

Instruct Set: ☐ AAR Use: E  Self Paced: ☐

Pop Srvd: 06  Grad Plan Use:  Class Type: 02

Role ID: 087  Special Consid:  CPR: N

Nbr Sem: 2  Incl UIL Elig: ☐ Speech: N

OnRamps: ☐

**Campus Information**

Grade Rstrctn: ☐ Rstrctn Addl:

Del	Sem	Days	Per Begin	Per End	Room	Time Begin	Time End	Lckout	Instr ID	Instructor	Class Role	Role ID	CTE	Entry Date	Withdraw Date	ADSY
	01	3	05	01	100				145	TOVAR, STEPHANIE	01	087	<input type="checkbox"/>	08-12-2024	- -	<input type="checkbox"/>

### Reported Elements from Section:

Element	Code Table	Data Element	ASCENDER Name
E1440	---	HOMEROOM-INDICATOR	Home Room Ind
E1065	---	ASSIGNMENT-BEGIN-DATE	Entry Date
E1066	---	ASSIGNMENT-END-DATE	Withdraw Date

**IMPORTANT:** Be sure **Home Room Ind** is selected for at least one class for all KG students, and that the student was enrolled in this class on the reading assessment date.

- A student can only have one home room selected.

The home room indicator identifies the instructor in the ECDS KG system who will be used in the ECDS KG reports. For each KG home room **Instructor**, verify the following on **Grade Reporting > Maintenance > Master Schedule > Campus Schedule > Instructor**:

- The instructor must not be excluded from PEIMS Reporting. Be sure **Exclude from PEIMS** is not selected.
- The instructor must have a valid **Staff ID** or **SSN**.

Use SGR0400 and SGR0900 to ensure that all students are enrolled in a specific homeroom course.

Element	Code Table	Data Element	ASCENDER Name
E1454	---	CLASSROOM-POSITION	Class Role

**NOTE:** Only Class Role 01 (Teacher of Record) will be extracted. Class Roles 02 and 03 are not reported in the ECDS KG submission. **All homeroom classes must have a Teacher of Record.**

## RUN REPORT FOR VERIFYING DATA:

Master schedule data can be verified by running the following reports:

**Grade Reporting > Reports > Grade Reporting Reports > Master Schedules > SGR0110 - Master Schedule PEIMS (Grd Rptg)**

Date Run: 2/19/2021 3:37 PM										Master Schedule PEIMS Information													
Cnty-Dist: 031-776										001 School													
Campus: 001										Sch Year: 2021													
Sec	Inst	Inst Name	Class Role	Term	Days Met	Per Beg	Per End	Beg Time	End Time	Entry Date	Withdraw Date	Non Campus Based	Svc ID	Class Type	Pop Srv	Role ID	Crs Seq	High Qual PK	Stu Instr	PK Sch Type	PK Prod Eval Type	Home Room Ind	On Ramps
Course Number			0100		Title	SEE COUNSELOR																	
01			01	3	MTwThF	01	01			08/17/2020		00	8EXCLUD	01	01	087						1	
02			01	3	MTwThF	02	02			08/17/2020		00	8EXCLUD	01	01	087						0	
03			01	3	MTwThF	03	03			08/17/2020		00	8EXCLUD	01	01	087						0	
04			01	3	MTwThF	04	04			08/17/2020		00	8EXCLUD	01	01	087						0	
06			01	3	MTwThF	06	06			08/17/2020		00	8EXCLUD	01	01	087						0	
07			01	3	MTwThF	07	07			08/17/2020		00	8EXCLUD	01	01	087						0	
08			01	3	MTwThF	08	08			08/17/2020		00	8EXCLUD	01	01	087						0	

**Registration > Maintenance > Student Enrollment > Demo1**

STUDENT: 003942 : BABB, RICKELYN ANDREW TEXAS UNIQUE STU ID: 3577856647

Comments

DEMO1 DEMO2 DEMO3 AT RISK CONTACT W/R ENROLL SPEC ED G/T BIL/ESL TITLE I

**Demographic Information**

Grade: 12 Entry Dt: 08-09-2021 Track: 01 Orig Entry: 08-09-2021 Withdrawal Dt: - -

Name: RICKELYN ANDREW BABB

First Middle Last

Social Security Number Denied ☐ SSN: 574-98-3641 Prior SSN: - - Texas Unique Student ID: 3577856647

Sex: M DOB: 03-02-2004 Hispanic/Latino: ☐ Aggregate Race/Ethnicity: W - White

White: ☒ Black/African American: ☐ Asian: ☐ American Indian/ Alaskan Native: ☐ Hawaiian/Pacific Isl: ☐

Student Indicators Current / Next Year Information

### Reported Elements from Demo1:

Element	Code Table	Data Element	ASCENDER Name
E0703	---	FIRST-NAME	Name - First
E0704	---	MIDDLE-NAME	Name - Middle
E0705	---	LAST-NAME	Name - Last
E0001	---	STUDENT-ID	SSN
E1325	DC119	SEX-CODE	Sex
E0006	---	DATE-OF-BIRTH	DOB
E1375	---	HISPANIC-LATINO-CODE	Hispanic/Latino
E1343	DC097	WHITE-CODE	White
E1343	DC097	BLACK-AFRICAN-AMERICAN-CODE	Black/African American
E1343	DC097	ASIAN-CODE	Asian
E1343	DC097	AMERICAN-INDIAN-ALASKA-NATIVE-CODE	American Indian/ Alaskan Native
E1343	DC097	NATIVE-HAWAIIAN-PACIFIC-ISLANDER-CODE	Hawaiian/Pacific Isl
E1517	DC063	GRADE-LEVEL-CODE	Grade

### RUN REPORT FOR VERIFYING DATA:

☐ Demo1 data can be verified by running the following reports:

**Registration > Reports > Create Registration Report**

**Report Template**

☐ Public TEST REPORT TEMPLATE Directory

**Report Title**  
DEMO 1 VERIFICATION

**Campus Options**  
☒ Campus 001  
☐ All Campuses

☐ Demo1

☐ Demographic Information

<input type="checkbox"/> Sch Yr	<input checked="" type="checkbox"/> Campus ID	<input type="checkbox"/> Student ID	<input type="checkbox"/> Grade	<input type="checkbox"/> Entry Dt	<input type="checkbox"/> Track	<input type="checkbox"/> Orig Entry
<input type="checkbox"/> Withdrawal Dt	<input type="checkbox"/> Reason	<input type="checkbox"/> Portal ID	<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> Middle Name	<input type="checkbox"/> Gen
<input type="checkbox"/> Nickname	<input checked="" type="checkbox"/> SSN Denied	<input type="checkbox"/> SSN	<input type="checkbox"/> Masked SSN	<input type="checkbox"/> Prior SSN	<input type="checkbox"/> TX Unique Stu ID	<input type="checkbox"/> Medicaid Eligible
<input type="checkbox"/> Medicaid ID	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> DOB	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Aggregate Race/Ethnicity	<input type="checkbox"/> Comments	

☒ Race

☒ White
 ☒ Black/African American
 ☒ Asian
 ☒ American Indian/Alaskan Native
 ☒ Hawaiian/Pacific Isl

### Registration > Maintenance > Student Enrollment > Demo2

**ECDS Assessments**

PK Beginning of Year:

PK End Of Year:

KG Beginning of Year:

The date, if entered, is used by the ECDS Interchanges in State Reporting. If left blank, the ECDS KG Student interchange extract logic will default to the As-Of Date entered on State Reporting > Utilities > Create TSDS Core Collections Interchanges > ECDS KG.

**KG Beginning of Year** Enter the date the beginning-of-year reading assessment was administered to the student.

**NOTE:** This field is optional and can be left blank.

### Registration > Maintenance > Student Enrollment > Bil/ESL

DEMO1	DEMO2	DEMO3	GRADUATION	AT RISK	CONTACT	W/R ENROLL	SPEC ED	G/T	<u>BIL/ESL</u>	TITLE I	PRS	LOCAL PROGRAMS
Delete	Details	Campus	Entry Date	Exit Date	Reason	BIL Type	ESL Type	EB Cd	Par Perm Cd	BIL/ESL Fund Cd	Alt Lang Cd	
		101	08-15-2022	08-31-2022	33	0	0	1			00	

**Reported Elements from Bil/ESL:**

Element	Code Table	Data Element	ASCENDER Name
E1390	DC079	EMERGENT-BILINGUAL-INDICATOR-CODE	EB Cd

**RUN REPORT FOR VERIFYING DATA:**

☐ The EB indicator can be verified by running the following report:

**Registration > Reports > Create Registration Report**

☐ Bil/ESL

☐ Bil/ESL

☐ Campus ☐ Entry Date ☐ Exit Date ☐ Reason ☐ Bil Type ☐ ESL Type ☒ EB Cd ☐ Data Files Admin

☐ Par Perm Cd ☐ Bil/ESL Fund Cd ☐ Alt Lang Cd ☐ Home Language ☐ Student Language ☐ Yrs US Sch ☐