

special_ed_ny_program_information

Table of Contents

Primary Disability	Select the student's primary disability. This field is maintained on Registration > Maintenance > Student Enrollment > SpecEd
Tertiary Disability	Select the student's tertiary disability. This field is maintained on Registration > Maintenance > Student Enrollment > SpecEd
Multi Disability	The field is selected if the student is multiply disabled. This field is maintained on Registration > Maintenance > Student Enrollment > SpecEd
IEP Continuer	Select if the student will be at least 18 years old as of September 1 and will have satisfied the credit requirements for high school graduation, but will not have not completed his individualized education program (IEP), and will be enrolled and receiving IEP services.
Instructional Setting	Click ⋮ to select the instructional setting in which the student will be served next year.
Speech Therapy Ind	Indicate if the student will receive speech therapy services next year.
Child Count Funding Code	Select the federal program under which the student will be funded next year.
Early Childhood Intervention	Select if the student will participate in the Early Childhood Intervention (ECI) program next year. If selected, the student's next year grade level must be EE.
Preschool Program (PPCD)	Select if the student will be enrolled in the Preschool Program for Children with Disabilities (PPCD) next year. If selected, the student's next year grade level must be EE, PK, or KG, and the **PPCD Service Location Code** field is required.
PPCD Service Location Code	Select the program in which the student will receive the majority of his special education services next year. Leave blank (or 0) if **Preschool Program (PPCD)** is not selected.
Mental Retardation Code	
Adaptive PE	Select if the student will participate in a physical education program adapted for students with special needs next year.
Weekly Spec ED Instruction Time	Select the amount of time a special ed instructor will work with the student next year.
Vocational Education	Select the vocational program in which the student will participate next year.
IEP Services Initiated	Type the first date (next year) on which the student will be provided with the services specified in the initial IEP. Use the MMDDYYYY format. Or, click to select the date from a calendar.
FIE Report Date	Type the date on which the student's next Full and Individual Evaluation (FIE) comprehensive assessment will be performed. Use the MMDDYYYY format. Or, click to select the date from a calendar.
Print Profile	
Non-Public School Name	Type the name of the non-public school, institution, or hospital where the student will receive special ed services next year. This applies only to students who will be on contract with a non-public school.
Medicaid Eligible	Select if the student will be eligible to receive Medicaid services.

TX Medicaid ID	


ASCENDER
ELEVATING TECHNOLOGY SOLUTIONS
ASCENDER GUIDES
ASCENDER
ELEVATING TECHNOLOGY SOLUTIONS

Back Cover