



Core Collection: Early Childhood Data System - KG Submission

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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 29, 2026.

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.



IMPORTANT: Some of the images and/or examples provided in this document are for informational purposes only and may not completely represent your LEA's process.

For a complete list of submission rules and edits, access the TSDS Web-Enabled Data Standards (**TWEDS**) website. In the top-right corner, select the appropriate **School Year** (20XX), **Collection** (XXXX), and **Submission** (XXX) and click **Open**.



Once on the TWEDS website, in the Overview tab, you can review **Collections**, **Timelines (DUE DATES)**, and **Data Submission Responsibilities**. It is **highly important** to ensure that you review all of these details as they may change according to the **School Year**.

Additionally, you can use the other tabs on the TWEDS website to review **Data Components**, **Descriptor Tables**, **References**, **Rules**, **Change Logs**, and **Early Notices**.

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.

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

The screenshot shows a web form for staff demographic information. At the top, there is a 'Save' button and a search bar containing 'Employee: 000441 : BENNET, ELIZABETH'. Below the search bar are buttons for 'Retrieve', 'Directory', 'Add Emp', and 'Documents'. A navigation menu includes 'DEMOGRAPHIC INFORMATION' (highlighted), 'CREDENTIALS', 'VERIFICATION', 'INSURANCE', 'SERVICE RECORD', and 'RESPONSIBILITY'. The form displays 'Staff ID/SSN: 242-49-5235', 'Texas Unique Staff ID: 5343261738', and 'Last Change: 07-19-2021'. The 'Name' section is circled in red and contains fields for 'Legal' (dropdown), 'First' (text input with 'ELIZABETH'), 'Middle' (text input), 'Last' (text input with 'BENNET'), and 'Maiden Name' (dropdown). Below these are 'Former' and 'Generation' dropdowns. Labels 'Title', 'First', 'Middle', 'Last', and 'Generation' are positioned under their respective input fields.

Reported Elements from Demographic Information:

Element	Code Table	Data Element	ASCENDER Name
E0703	---	FirstName	Legal - First
E0704	---	MiddleName	Legal - Middle
E0705	---	LastSurname	Legal - Last

Element	Code Table	Data Element	ASCENDER Name
E1524	---	StaffUniqueld	Texas Unique Staff ID
E0505	---	StaffId	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

PKAT : ATTENDANCE PK 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
		PKAT	ATTENDANCE PK	02	025	3	1	3	1		N			00

⇒ Crs Nbr: PKAT ATTENDANCE PK Svc ID: 01010000 Multi Svc Ind: Lock: Include UIL Elig: N

Section: 02 Max Seats: 025 Enrolled Students Sem 1: 3 Sem 2: 3 Non Campus Based: 00 Dst Lrng:

Section Information

Sped Stu Age: 00 Crs Seq: Wks/Mnth: PK Curricula: 09 Stu Instr: 01 Home Room Ind:

Class Type: High Qual PK Prog: 1 PK Sch Type: 02

Include WD Meeting Times:

Restrictions

Type Rstrctn: Team Code: Gender Rstrctn: Grade Rstrctn: Child Care Partnership

Course Codes and Credits

Dual Crdt: 0 Adv Tech Crdt: 0 AAR Use: Grad Plan Use: Special Consid: College Credit Hrs Sem 1: 0 Sem 2: 0 R-PEP Hrs: 0 OnRamps:

District Information

Crs Seq: Exam/Sem Pat: 1 Gender Rstrctn: Instruct Set: AAR Use: Self Paced: Pop Srvd: 01 Grad Plan Use: Class Type: 01 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	Lkout	Instr ID	Instructor	Class Role	Role ID	CTE	Entry Date	Withdraw Date	ADS
	01	05	02	02		0900A	1000A		101	CLEAVER, JUNE	01	087		08-13-2025	- -	
	02	05	02	02		0900A	1000A		102	WARNIX, GIGI	05	033		08-13-2025	- -	

Reported Elements from Section:

Element	Code Table	Data Element	ASCENDER Name
E1440	---	HomeroomIndicator	Home Room Ind
E3010	---	BeginDate	Entry Date
E3020	---	EndDate	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	---	ClassroomPosition	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 Rptng)

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	Sem	Days Met	Per Beg	Per End Time	End Time	Entry Date	Withdraw Date	Non Campus Based	Svc ID	Class Type	Pop Srv	Role ID	Crs Seq	PK Curr	High Qual PK	Stu Sch Instr	PK Type	Home Room Ind	On Rmps	
		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: TEXAS UNIQUE STU ID:

Demographic Information

Grade: Entry Dt: Track: Orig Entry: Withdrawal Dt:

Name:

First Middle Last

Social Security Number Denied SSN: Prior SSN: Texas Unique Student ID:

Sex: DOB: Hispanic/Latino: Aggregate Race/Ethnicity: W - White

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

Reported Elements from Demo1:

Element	Code Table	Data Element	ASCENDER Name
E0703	---	FirstName	Name - First
E0704	---	MiddleName	Name - Middle
E0705	---	LastSurname	Name - Last
E0001	---	StudentId	SSN
E0004	C013	Sex	Sex
E0006	---	BirthDate	DOB
E1064	---	HispanicLatinoEthnicity	Hispanic/Latino
E3050	C304	Race	White
E3050	C304	Race	Black/African American
E3050	C304	Race	Asian
E3050	C304	Race	American Indian/ Alaskan Native
E3050	C304	Race	Hawaiian/Pacific Isl
E1517	C050	EntryGradeLevel	Grade

RUN REPORT FOR VERIFYING DATA:

Demo1 data can be verified by running the following reports:

Registration > Reports > Create Registration Report

Report Template

Public

Report Title

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

<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Black/African American	<input checked="" type="checkbox"/> Asian	<input checked="" type="checkbox"/> American Indian/Alaskan Native	<input checked="" type="checkbox"/> Hawaiian/Pacific Isl
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Back Cover