

FLORIDA DEPARTMENT OF EDUCATION
DOE INFORMATION DATA BASE REQUIREMENTS
VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM
AUTOMATED STAFF DATA ELEMENTS

Implementation Date: Fiscal Year 1987-88 July 1, 1987
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Element Name: Handicapped Status															
Definition/Domain															
<p>A code to categorize the employee's disability/impairment.</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <thead> <tr> <th style="text-align: left; padding-right: 20px;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">P</td> <td style="padding: 5px;">Physically Impaired</td> </tr> <tr> <td style="padding: 5px;">V</td> <td style="padding: 5px;">Visually Impaired</td> </tr> <tr> <td style="padding: 5px;">S</td> <td style="padding: 5px;">Speech Impaired</td> </tr> <tr> <td style="padding: 5px;">H</td> <td style="padding: 5px;">Hearing Impaired</td> </tr> <tr> <td style="padding: 5px;">O</td> <td style="padding: 5px;">Other Health Impaired</td> </tr> <tr> <td style="padding: 5px;">Z</td> <td style="padding: 5px;">Not Applicable</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	P	Physically Impaired	V	Visually Impaired	S	Speech Impaired	H	Hearing Impaired	O	Other Health Impaired	Z	Not Applicable
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P	Physically Impaired														
V	Visually Impaired														
S	Speech Impaired														
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O	Other Health Impaired														
Z	Not Applicable														
Length: 1	State Reporting Formats Requiring This Data Element:														
Format: Alphanumeric	None														
Compatibility Requirement: Compatible															
Use Types: <input type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability															
Data Element Number: 206990															
Revised: 10/85	Reported in Survey Periods: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5														
Volume II	Effective: 7/98														
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