

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

<b>Implementation Date:</b> Fiscal Year 1987-88 July 1, 1987
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<b>Element Name:      Handicapped Status</b>															
<b>Definition/Domain</b>															
<p>A code to categorize the employee's disability/impairment.</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;"><u>CODE</u></th> <th style="text-align: left; padding: 5px;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>P</b></td> <td style="padding: 5px;">Physically Impaired</td> </tr> <tr> <td style="padding: 5px;"><b>V</b></td> <td style="padding: 5px;">Visually Impaired</td> </tr> <tr> <td style="padding: 5px;"><b>S</b></td> <td style="padding: 5px;">Speech Impaired</td> </tr> <tr> <td style="padding: 5px;"><b>H</b></td> <td style="padding: 5px;">Hearing Impaired</td> </tr> <tr> <td style="padding: 5px;"><b>O</b></td> <td style="padding: 5px;">Other Health Impaired</td> </tr> <tr> <td style="padding: 5px;"><b>Z</b></td> <td style="padding: 5px;">Not Applicable</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	<b>P</b>	Physically Impaired	<b>V</b>	Visually Impaired	<b>S</b>	Speech Impaired	<b>H</b>	Hearing Impaired	<b>O</b>	Other Health Impaired	<b>Z</b>	Not Applicable
<u>CODE</u>	<u>DEFINITION</u>														
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<b>O</b>	Other Health Impaired														
<b>Z</b>	Not Applicable														
<b>Length:</b>	1														
<b>State Reporting Formats Requiring This Data Element:</b>															
<b>Format:</b>	Alphabetic														
<b>Compatibility Requirement:</b>	None														
	Compatible														
<b>Use Types:</b>															
<input type="checkbox"/> State Report															
<input checked="" type="checkbox"/> Local Accountability															
<b>Data Element Number:</b>															
	206990														
<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5															
<b>Revised:</b> 10/85	<div style="display: flex; justify-content: space-between;"> <span>Volume II</span> <span>Effective: 7/99</span> <span>Page Number: 32-1</span> </div>														