

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

**Implementation Date:**  
Fiscal Year 2006-07  
July 1, 2006

<b>Element Name:</b> Reading Endorsement, Competency 4													
<b>Definition/Domain</b>													
<p>A code to indicate the instructional staff member's completion or non-completion of Competency 4 required for a Reading Endorsement.</p> <table border="0"> <thead> <tr> <th align="center"><u>CODE</u></th> <th align="center"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td align="center">Y</td> <td>Yes, the instructional staff member completed Competency 4.</td> </tr> <tr> <td align="center">N</td> <td>No, the instructional staff member did not complete Competency 4.</td> </tr> <tr> <td align="center">→ C</td> <td>The instructional staff member is completing the content area reading professional development (CAR-PD) in lieu of certification or endorsement.</td> </tr> <tr> <td align="center">R</td> <td>The instructional staff member has met the requirement through Reading certification.</td> </tr> <tr> <td align="center">Z</td> <td>Not applicable – not an instructional employee or not required for/applicable to this instructional staff member.</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	Y	Yes, the instructional staff member completed Competency 4.	N	No, the instructional staff member did not complete Competency 4.	→ C	The instructional staff member is completing the content area reading professional development (CAR-PD) in lieu of certification or endorsement.	R	The instructional staff member has met the requirement through Reading certification.	Z	Not applicable – not an instructional employee or not required for/applicable to this instructional staff member.
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<b>Length:</b> 1	<b>State Reporting Formats Requiring This Data Element:</b>												
<b>Format:</b> Alphabetic	Staff Demographic Information DB9 27x												
<b>Compatibility Requirement:</b> Compatible													
<b>Use Types:</b> <input checked="" type="checkbox"/> <b>State Report</b> <input checked="" type="checkbox"/> <b>Local Accountability</b>													
<b>Data Element Number:</b>  216918	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5												
<b>Revised:</b> 7/06	<b>Volume II                      Effective: 07/06                      Page Number: 50-103</b>												