

**FLORIDA DEPARTMENT OF EDUCATION
DOE INFORMATION DATA BASE REQUIREMENTS
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM
AUTOMATED STUDENT DATA ELEMENTS**

Implementation Date: Fiscal Year 1991-92 July 1, 1991
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Element Name: Limited English Proficient: Post Reclassification Dates											
Definition/Domain											
<p>Each date that the former Limited English Proficient student's performance has been reviewed to ensure parity of participation once the student has been classified as English proficient. These reviews shall take place automatically at the student's first report card and semiannually during the first year after exiting the program, and at the end of the second year, in accordance with Rule 6A-6.0903, FAC.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>CODE</u></th> <th style="text-align: center;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">AYYYYMMDD</td> <td>First Report Card</td> </tr> <tr> <td style="text-align: center;">BYYYYMMDD</td> <td>First Semiannual Review</td> </tr> <tr> <td style="text-align: center;">CYYYYMMDD</td> <td>Second Semiannual Review</td> </tr> <tr> <td style="text-align: center;">DYYYYMMDD</td> <td>End of the Second Year</td> </tr> </tbody> </table> <p style="text-align: center;">Example: A19910118 = First Report Card on January 18, 1991</p>		<u>CODE</u>	<u>DEFINITION</u>	AYYYYMMDD	First Report Card	BYYYYMMDD	First Semiannual Review	CYYYYMMDD	Second Semiannual Review	DYYYYMMDD	End of the Second Year
<u>CODE</u>	<u>DEFINITION</u>										
AYYYYMMDD	First Report Card										
BYYYYMMDD	First Semiannual Review										
CYYYYMMDD	Second Semiannual Review										
DYYYYMMDD	End of the Second Year										
Length: 9	Grades and Programs Requiring This Data Element: All Programs Grades K-12										
Format: Alphanumeric											
Compatibility Requirement: Compatible											
Use Types: <input type="checkbox"/> State Report <input type="checkbox"/> Postsecondary Transcript <input checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> District Records Transfer <input type="checkbox"/> Permanent Record	State Reporting Formats Requiring This Data Element: None										
	Data Element Number: 144155	Reported in Survey Periods: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9									
Revised: 5/94	Volume I	Effective: 7/98	Page Number: 107-21								