

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

Implementation Date: Fiscal Year 1997-98 July 1, 1997
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Element Name: Exceptionality, Other	
Definition/Domain	
<p>A code to identify each exceptionality beyond the primary exceptionality for any child or youth enrolled in or eligible for enrollment in the public schools of a district who requires special instruction or related services to take full advantage of or respond to educational programs and opportunities because of a physical, mental, emotional, social or learning exceptionality. A maximum of nine exceptionalities may be included. The codes to be used follow:</p>	
<u>CODE</u>	<u>EXCEPTIONALITY</u>
A	Educable Mentally Handicapped
B	Trainable Mentally Handicapped
C	Orthopedically Impaired
D	Occupational Therapy
E	Physical Therapy
F	Speech Impaired
G	Language Impaired
H	Deaf or Hard of Hearing
I	Visually Impaired
J	Emotionally Handicapped
K	Specific Learning Disabled
L	Gifted
M	Hospital/Homebound
N	Profoundly Mentally Handicapped
O	Dual-Sensory Impaired
P	Autistic
Q	Severely Emotionally Disturbed
S	Traumatic Brain Injured
T	Developmentally Delayed
U	Established Conditions
V	Other Health Impaired
Z	Not Applicable
Length: 9	Grades and Programs Requiring This Data Element:
Format: Alphabetic	Exceptional Student Education Grades PK-12
Compatibility Requirement: State Standard	
Use Types:	State Reporting Formats Requiring This Data Element:
<input checked="" type="checkbox"/> State Report	Exceptional Student DB9 23x
<input type="checkbox"/> Postsecondary Transcript	Statewide Assessment Program DB9 20x
<input checked="" type="checkbox"/> Local Accountability	
<input checked="" type="checkbox"/> District Records Transfer	
<input type="checkbox"/> Permanent Record	
Data Element Number: 118475	Reported in Survey Periods: <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9
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