

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

<b>Implementation Date:</b> Fiscal Year 1991-92 July 1, 1991
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<b>Element Name: Native Language, Student</b>							
<b>Definition/Domain</b>							
<p>A two-character code which identifies the native language spoken by the students.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 20%;"><u>CODE</u></th> <th style="text-align: center;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>NN</b></td> <td>The language code of the student.</td> </tr> <tr> <td style="text-align: center;"><b>ZZ</b></td> <td>Not applicable (ZZ is not valid for students in grades PK-12.)</td> </tr> </tbody> </table> <p>See Appendix N: Language Codes.</p>		<u>CODE</u>	<u>DEFINITION</u>	<b>NN</b>	The language code of the student.	<b>ZZ</b>	Not applicable (ZZ is not valid for students in grades PK-12.)
<u>CODE</u>	<u>DEFINITION</u>						
<b>NN</b>	The language code of the student.						
<b>ZZ</b>	Not applicable (ZZ is not valid for students in grades PK-12.)						
<b>Length:</b> 2	<b>Grades and Programs Requiring This Data Element:</b>						
<b>Format:</b> Alphanumeric	All Programs Grades PK-12						
<b>Compatibility Requirement:</b> Compatible							
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>						
<input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Postsecondary Transcript <input type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> District Records Transfer <input type="checkbox"/> Permanent Record	Student Demographic Information DB9 13x						
<b>Data Element Number:</b> 144050							
<b>Reported in Survey Periods:</b> <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"/> 9							
<b>Revised:</b> 7/98	<b>Volume I</b>						
<b>Effective:</b> 7/00	<b>Page Number:</b> 116-15						