

**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 1995-96 July 1, 1995
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<b>Element Name: Participation in Special Education Prior to Kindergarten Entry</b>									
<b>Definition/Domain</b>									
<p>A code which indicates whether or not the student with a disability received special and related services as specified on an Individual Education Plan or a Family Support Plan prior to kindergarten entry. Services may have been provided in a school district or a community-based program.</p> <table border="0"> <thead> <tr> <th align="left"><u>CODE</u></th> <th align="left"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Z</td> <td>Not applicable</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	Y	Yes	N	No	Z	Not applicable
<u>CODE</u>	<u>DEFINITION</u>								
Y	Yes								
N	No								
Z	Not applicable								
<p>NOTE: This element is to be used for reporting Program Participation in Special Education Prior to Kindergarten Entry for all students with disabilities in grades kindergarten through three (KG-3).</p>									
<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>								
<b>Format:</b> Alphabetic	All Exceptional Student Education Programs Grades KG-3								
<b>Compatibility Requirement:</b> Compatible									
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>								
<input type="checkbox"/> State Report <input type="checkbox"/> Postsecondary Transcript <input checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> District Records Transfer <input checked="" type="checkbox"/> Permanent Record	None								
<b>Data Element Number:</b> 160637	<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 <input type="checkbox"/> 9								
<b>Revised: 9/97</b>	<b>Volume I      Effective: 7/01      Page Number: 118-50</b>								