

**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 1998-99 July 1, 1998
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<b>Element Name:</b> Reason Not Tested											
<b>Definition/Domain</b>											
<p>A code indicating why a student was not tested on the statewide assessment test at grades 4 or 8.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Absent during testing.</td> </tr> <tr> <td>I</td> <td>Excluded due to IEP decision.</td> </tr> <tr> <td>O</td> <td>Other.</td> </tr> <tr> <td>Z</td> <td>Not applicable or student took test.</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	A	Absent during testing.	I	Excluded due to IEP decision.	O	Other.	Z	Not applicable or student took test.
<u>CODE</u>	<u>DEFINITION</u>										
A	Absent during testing.										
I	Excluded due to IEP decision.										
O	Other.										
Z	Not applicable or student took test.										
<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>										
<b>Format:</b> Alphabetic	Exceptional Student Education Grades 4 and 8										
<b>Compatibility Requirement:</b> Compatible											
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>										
<input checked="" type="checkbox"/> <b>State Report</b> <input type="checkbox"/> <b>Postsecondary Transcript</b> <input checked="" type="checkbox"/> <b>Local Accountability</b> <input checked="" type="checkbox"/> <b>District Records Transfer</b> <input checked="" type="checkbox"/> <b>Permanent Record</b>	Statewide Assessment Program DB9 20X										
<b>Data Element Number:</b> 169017											
	<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 checked="" type="checkbox"/> 8 <input type="checkbox"/> 9										
<b>Revised:</b> 7/98	<b>Volume I      Effective: 7/01      Page Number: 129-2</b>										