

**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

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;">AMMDDYYYY</td> <td>First Report Card</td> </tr> <tr> <td style="text-align: center;">BMMDDYYYY</td> <td>First Semiannual Review</td> </tr> <tr> <td style="text-align: center;">CMMDDYYYY</td> <td>Second Semiannual Review</td> </tr> <tr> <td style="text-align: center;">DMMDDYYYY</td> <td>End of the Second Year</td> </tr> </tbody> </table> <p style="text-align: center;">Example: A01181991 = First Report Card on January 18, 1991</p>		<u>CODE</u>	<u>DEFINITION</u>	AMMDDYYYY	First Report Card	BMMDDYYYY	First Semiannual Review	CMMDDYYYY	Second Semiannual Review	DMMDDYYYY	End of the Second Year
<u>CODE</u>	<u>DEFINITION</u>										
AMMDDYYYY	First Report Card										
BMMDDYYYY	First Semiannual Review										
CMMDDYYYY	Second Semiannual Review										
DMMDDYYYY	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 checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> F.A.S.T.E.R.	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: 10/01	Volume I Effective: 7/02 Page Number: 107-21										