

**FLORIDA DEPARTMENT OF EDUCATION**  
**DOE INFORMATION DATA BASE REQUIREMENTS**  
**VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM**  
**AUTOMATED STAFF DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1987-88 July 1, 1987
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**Element Name:**      **Handicapped Status** ➔      **\*\*DELETED\*\***

**Definition/Domain**

A code to categorize the employee's disability/impairment.

<u>CODE</u>	<u>DEFINITION</u>
<b>P</b>	Physically Impaired
<b>V</b>	Visually Impaired
<b>S</b>	Speech Impaired
<b>H</b>	Hearing Impaired
<b>O</b>	Other Health Impaired
<b>Z</b>	Not Applicable

**Deleted for 2002-03**

<b>Length:</b> 1	<b>State Reporting Formats Requiring This Data Element:</b>
<b>Format:</b> Alphanumeric	
<b>Compatibility Requirement:</b> Compatible	
<b>Use Types:</b> <input type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability	
<b>Data Element Number:</b> 206990	
<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	
<b>Revised:</b> 10/01	<b>Volume II      Effective: 7/02      Page Number: 32-1</b>