

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

Implementation Date: Fiscal Year 1995-96 July 1, 1995
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Element Name: Screening for Hearing Problems											
Definition/Domain											
<p>A code which indicates whether the student was screened for hearing problems and passed the test, or was screened for hearing problems and did not pass the test.</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>HY</td> <td>Student was screened for hearing problems and passed the test.</td> </tr> <tr> <td>HT</td> <td>Student was screened for hearing problems, did not pass the test and received appropriate treatment.</td> </tr> <tr> <td>HN</td> <td>Student was screened for hearing problems, did not pass the test and did not receive appropriate treatment.</td> </tr> <tr> <td>ZZ</td> <td>Not applicable.</td> </tr> </tbody> </table> <p>NOTE: This element is to be used to report the results of screening for hearing problems for kindergarten students.</p>		<u>CODE</u>	<u>DEFINITION</u>	HY	Student was screened for hearing problems and passed the test.	HT	Student was screened for hearing problems, did not pass the test and received appropriate treatment.	HN	Student was screened for hearing problems, did not pass the test and did not receive appropriate treatment.	ZZ	Not applicable.
<u>CODE</u>	<u>DEFINITION</u>										
HY	Student was screened for hearing problems and passed the test.										
HT	Student was screened for hearing problems, did not pass the test and received appropriate treatment.										
HN	Student was screened for hearing problems, did not pass the test and did not receive appropriate treatment.										
ZZ	Not applicable.										
Length: 2	Grades and Programs Requiring This Data Element:										
Format: Alphabetic	All Programs Grade KG										
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: 173300	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: 7/06	Volume I Effective: 7/06 Page Number: 249-1										