

District Name: _____

School Name: _____

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Table 8. Discipline of Students without Disabilities. Please report the following data for the previous school year, 2003-2004. (See Instruction Sheet, page 4)

Number of Students	SEX	RACE/ETHNICITY					(6) TOTAL Sum of (1) to (5)	(7) LEP
		(1) American Indian or Alaskan Native	(2) Asian or Pacific Islander	(3) Hispanic	(4) Black, Not of Hispanic Origin	(5) White, Not of Hispanic Origin		
A. Corporal Punishment	M							Column 6 TOTAL Numbers in columns 1 to 5 must equal this total. Column 7 Enter the number of students who need LEP services. This is a subset of Column 6. Row C1 Row C1 is a subset of Row C. For definitions, see Instruction Sheet, page 4. SEX: M = male, F = female LEP = Limited English Proficient FOR TABLES 8 & 9 Please read the Specific Instructions, pages 4-5, carefully before completing these tables. Definitions for long-term suspensions in Table 9 correspond to those used in IDEA. The definition for corporal punishment is the same for both tables. NOTE: <i>Individual students may be reported in more than one row in each table.</i> Please fill all cells. If a cell has no students or is not applicable , see Instruction Sheet, page 1 for directions.
	F							
B. Out of School Suspensions	M							
	F							
C. Total Expulsions	M							
	F							
C1. Expulsions— Total Cessation of Educational Services	M							
	F							

TABLE 9: Discipline of Students WITH Disabilities. Report the number of students with disabilities who had discipline problems in the previous school year, 2003-2004. NOTE: For each row, count each student only once.

NUMBER OF STUDENTS	(1) Served under IDEA	(2) Served under Section 504 Only
A. Corporal Punishment		
B. Long-term suspension/expulsion: non-cessation of services		
C. Long-term suspension/expulsion: cessation of services		

(1) Served under IDEA—refers to children receiving services under the *Individuals with Disabilities Education Act*

(2) Served under Section 504 — refers to children served under the *Rehabilitation Act of 1973*.

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TABLE 10: Children with Disabilities. Please complete this table with the number of children in this school receiving services under the *Individuals with Disabilities Education Act* during the current school year. Include all students attending this school, even if they reside outside the school district.

Note: A student should be **counted only once**, based on the child's primary disability.

Disability Category*	SEX	RACE/ETHNICITY					EDUCATIONAL PLACEMENT	(7) LEP
		(1) American Indian or Alaskan Native	(2) Asian or Pacific Islander	(3) Hispanic	(4) Black, Not of Hispanic Origin	(5) White, Not of Hispanic Origin	(6) More than 60% of the school day	
A. Retardation Total	M							
	F							
A1. Mild Retardation	M							
	F							
A2. Moderate Retardation	M							
	F							
B. Emotional Disturbance	M							
	F							
C. Specific Learning Disability	M							
	F							
<p>Complete Row D only for students with disabilities in KINDERGARTEN THROUGH AGE 9. Please see Instruction Sheet, page 6, to determine if you must fill out Row D. Do not provide data in Row D unless all three of the IDEA requirements specified in the Instruction Sheet are met.</p>								
D. Developmental Delay	M							
	F							

See Instruction Sheet, pages 5-6 for Table 10.

*See Instruction Sheet, page 6 for definitions of disability categories.

Educational Placement is defined as the percentage of the day that a student receives special education services outside the regular class. See Instruction Sheet, page 5 for definitions of column 6.

For Rows A, A1, and A2 Please read before completing this portion of the Table: Row A (mental retardation) should be completed. Complete Rows A1 (mild mental retardation) and A2 (moderate mental retardation) only if your school collects this information by these subcategories.

Please fill all cells.
If a cell has **no students** or is **not applicable**, see Instruction Sheet, page 1 for directions.

SEX: M = male, F = female
LEP = Limited English Proficient

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Table 11. Additional Categories of Children with Disabilities: Please report by educational placement any **additional children** receiving special education services under the *Individuals with Disabilities Education Act* during the current school year. Include all students attending this school, whether they do or do not reside in this school district. A student should be **counted only once**, based on the child's primary disability, **in either Table 10 or 11**, but not in both.

Disability Category*	EDUCATIONAL PLACEMENT: TIME OUTSIDE REGULAR CLASSROOM	(2) TOTAL
	(1) More than 60%	
A. Hearing Impairments		
B. Speech or Language Impairments		
C. Visual Impairments		
D. Orthopedic Impairments		
E. Autism		
F. Traumatic Brain Injury		
G. Deaf-blindness		
H. Multiple Disabilities		
I. Other Health Impairments		
J. TOTAL—workspace area		

See Instruction Sheet, pages 5 and 7 for Table 11.

*See Instruction Sheet, page 7 for definitions of disability categories.

Educational Placement is defined as the percentage of the day that a student receives special education services outside the regular class. See Instruction Sheet, page 5 for definition of column 1.

Note: *both* the totals for the 9 disability categories broken down by educational placement: 60% of the time outside the regular classroom, **and** the total number of students served in each of the 9 disability categories are *required*.

Also note that, however, **the M & F count** in Table 7, Column 7, Row A **must equal the sum of M & F** in Table 10 (Total of Columns 1-5), Rows A, B, C, & D, plus the total in Table 11 (Row J, Column 2, combined).

Please fill all cells.

If a cell has **no students** or is **not applicable**, see Instruction Sheet, page 1 for directions.

INSTRUCTIONS FOR REMAINING TABLES

Quick Scan

Just three to six items left to complete. Please check the Quick Scan chart and complete the appropriate items. Even though some tables don't apply to your school/program and thus will be left blank, **you MUST return all pages to us.**

Type of School	Table 12A	Table 12B	Table 13	Table 14	Table 15	Table 16	Table 17	Certification Page 10
Elementary	✓		✓				✓	✓
Middle	✓						✓	✓
High		✓		✓	✓	✓	✓	✓



ELEMENTARY & MIDDLE SCHOOLS: YOU MUST COMPLETE THIS SECTION BEFORE TURNING THE PAGE
High Schools – skip to Table 12B

If your school administered a district- or state-required test that students are REQUIRED TO PASS or that is USED AS A SIGNIFICANT FACTOR in making PROMOTION DECISIONS for all students taking the test, you need to fill out Table 12A for each grade where such a test was administered.

12. If no such tests were administered, check this box: Elementary schools – skip to Table 13
 Middle schools – skip to Table 17

12A.1 Tests were required for promotion to:

- Grade 1 Grade 3 Grade 5 Grade 7 Grade 9
- Grade 2 Grade 4 Grade 6 Grade 8

NOTE: If you marked more than one grade in 12A.1, please photocopy Table 12A BEFORE COMPLETING IT. Please make enough copies of Table 12A so that you have one copy for each grade you marked above.

PROMOTION TESTING: FOR SCHOOLS OFFERING ANY ELEMENTARY AND/OR MIDDLE GRADES (K-8)

Table 12A. Testing (Grade-to-Grade Promotion). Please complete the following table if, in the previous school year (2003-2004), your school administered a district- or state-required test that students are REQUIRED TO PASS or that is USED AS A SIGNIFICANT FACTOR in making PROMOTION DECISIONS for all students taking the test.

If your school conducted tests for grade-to-grade promotion for more than one grade, please photocopy this blank table for each grade that took the test. For example, if students in 3rd, 5th, and 7th grades took the test for promotion to 4th, 6th, and 8th grades, you would need to complete a total of three (3) separate submissions for Table 12A, and mark item 12A.2 with the correct grade level for each page.

NOTE: PHOTOCOPY THIS BLANK TABLE FOR EACH GRADE IN WHICH STUDENTS WERE REQUIRED TO TAKE AND PASS A TEST TO BE PROMOTED TO THE NEXT GRADE.

12A.2 Data in the table on *this page* are for tests that were taken for promotion to the following grade: (Only one bubble may be selected for each page.)

Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8 Grade 9

NOTE: Please include numbers for all classes in one grade on the same table.

Number of Students	SEX	RACE/ETHNICITY					(6) TOTAL Sum of (1) to (5)	(7) Students with Disabilities: IDEA	(8) Section 504 Only	(9) LEP	Column 6 TOTAL Numbers in columns 1 to 5 must equal this total. Columns 7, 8, & 9 are subsets of Column 6. Column 7 Enter the number of students with disabilities receiving services under the <i>Individuals with Disabilities Education Act</i> . Column 8 Enter the number of students served under the <i>Rehabilitation Act of 1973</i> . Column 9 Enter the number of students who need LEP services. For Rows See Instruction Sheet, page 8, for definitions. Please fill all cells. If a cell has <i>no students</i> or is <i>not applicable</i> , see Instruction Sheet, page 1 for directions. SEX: M = male, F = female LEP = Limited English Proficient
		(1) American Indian or Alaskan Native	(2) Asian or Pacific Islander	(3) Hispanic	(4) Black, Not of Hispanic Origin	(5) White, Not of Hispanic Origin					
A. Tested and Passed	M										
	F										
B. Tested and Failed	M										
	F										
C. Not Tested	M										
	F										
D. Alternate Assessments	M										
	F										

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HIGH SCHOOL GRADUATION TESTING: FOR SCHOOLS OFFERING GRADES 9-12

Table 12B. Testing (High School Graduation). Please complete the following table if, in the previous school year (2003-2004), your school administered a district- or state-required test that students are REQUIRED TO PASS or that is USED AS A SIGNIFICANT FACTOR in making GRADUATION DECISIONS for all students taking the test.

NOTE: *Do not count students who were not tested because they passed the test on a previous occasion.* Only one Table 12B is to be submitted.

If no such tests were administered, **check** this box: and skip to Table 13 if your school offers grades 1-6; otherwise, skip to Table 14.

Number of Students	SEX	RACE/ETHNICITY					(6) TOTAL Sum of (1) to (5)	(7) Students with Disabilities: IDEA	(8) Section 504 Only	(9) LEP	Column 6 TOTAL Numbers in columns 1 to 5 must equal this total. Columns 7, 8, & 9 are subsets of Column 6. Column 7 Enter the number of students with disabilities receiving services under the <i>Individuals with Disabilities Education Act</i> . Column 8 Enter the number of students served under the <i>Rehabilitation Act of 1973</i> . Column 9 Enter the number of students who need LEP services. For Rows See Instruction Sheet, page 8, for definitions. Please fill all cells. If a cell has <i>no students</i> or is <i>not applicable</i> , see Instruction Sheet, page 1 for directions. SEX: M = male, F = female LEP = Limited English Proficient
		(1) American Indian or Alaskan Native	(2) Asian or Pacific Islander	(3) Hispanic	(4) Black, Not of Hispanic Origin	(5) White, Not of Hispanic Origin					
A. Tested and Passed	M										
	F										
B. Tested and Failed	M										
	F										
C. Not Tested	M										
	F										
D. Alternate Assessments	M										
	F										

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District Name: _____

School Name: _____

FOR SCHOOLS OFFERING ELEMENTARY GRADES WITH A MINORITY POPULATION OF MORE THAN 20% BUT LESS THAN 80%

Table 13. Student Assignment. Complete this table if (1) your school offers elementary grades (typically grades 1-6), and if (2) in the current school year, the total percentage of minority (American Indian or Alaskan Native, Asian or Pacific Islander, Hispanic, and Black (Not of Hispanic origin)) students in this school is more than 20% and less than 80%. Report only the **entry (lowest) and exit (highest) elementary grades** offered (these are typically grades 1 and 5 or 6).

NOTE 1: Count Kindergarten students when determining if you must complete this table. But, do not enter kindergarten data.

NOTE 2: Data in this table are at the *classroom level*. Each row represents a single classroom.

13.1 If there are more than thirteen (13) classrooms, please photocopy page, **check** this box, and attach completed chart(s):

(1) TEACHER ID	(2) GRADE	ABILITY GROUPING		RACE/ETHNICITY					(10) Total (Sum of 5-9) Work space Area	(11) LEP
		(3) YES	(4) NO	(5) American Indian or Alaskan Native	(6) Asian or Pacific Islander	(7) Hispanic	(8) Black, Not of Hispanic Origin	(9) White, Not of Hispanic Origin		
A.		<input type="radio"/>	<input type="radio"/>							
B.		<input type="radio"/>	<input type="radio"/>							
C.		<input type="radio"/>	<input type="radio"/>							
D.		<input type="radio"/>	<input type="radio"/>							
E.		<input type="radio"/>	<input type="radio"/>							
F.		<input type="radio"/>	<input type="radio"/>							
G.		<input type="radio"/>	<input type="radio"/>							
H.		<input type="radio"/>	<input type="radio"/>							
I.		<input type="radio"/>	<input type="radio"/>							
J.		<input type="radio"/>	<input type="radio"/>							
K.		<input type="radio"/>	<input type="radio"/>							
L.		<input type="radio"/>	<input type="radio"/>							
M.		<input type="radio"/>	<input type="radio"/>							

1) Teacher ID is the unique identifier or first seven (7) characters of the teacher's last name.

(2) Grade – enter the grade for the lowest and highest grades offered between grades 1 and 6.

(3-4) Ability Grouping - If you have any students in these classes who are ability grouped for instruction in mathematics or English-Reading-Language Arts, please **darken YES**; otherwise **darken NO**.

(10) Total (Sum of columns 5-9)—This total is not required. Workspace area is provided for your convenience. Numbers in columns 5 to 9 should equal this total. In this table, column 11 could equal or be less than this total, depending on the classroom.

(11) LEP = Limited English Proficient

Please fill all cells. If a cell has *no students* or is *not applicable*, see Instruction Sheet, page 1 for directions.

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School Name: _____

FOR SCHOOLS OFFERING ANY GRADES 9-12

TABLE 14. Advanced Placement: Please complete the following table for any of the listed Advanced Placement program courses that your school is offering in the current school year.

If this school does not offer **any** Advanced Placement Programs for high school students, **check** this box: and skip to Table 15.

14.1 If your school offers advanced placement, how many **different types** of advanced placement courses does your school offer?

14.2 ADVANCED PLACEMENT CLASSES	COURSE NOT OFFERED	SEX	RACE/ETHNICITY					(6) Total (Sum of 1-5) Work space area	(7) Students with Disabilities: IDEA	(8) LEP
			(1) American Indian or Alaskan Native	(2) Asian or Pacific Islander	(3) Hispanic	(4) Black, Not of Hispanic Origin	(5) White, Not of Hispanic Origin			
A. Mathematics	○	M								
		F								
B. Science	○	M								
		F								

FOR TABLES 14 & 15:
See Instruction Sheet, page 9.

(6) Total (sum of columns 1-5)
—This total is not required. Workspace area is provided for your convenience.

(7) Students with Disabilities/IDEA – refers to children receiving services under the *Individuals with Disabilities Education Act*.

(8) LEP – enter the number of students who need LEP services.

Table 15. High School Completers: Please complete the following table for the previous school year (2003-2004) if the school grants high school diplomas and/or certificates of attendance or completion.

TYPE OF COMPLETION CERTIFICATE	SEX	RACE/ETHNICITY					(6) Total (Sum of 1-5) Work space area	(7) Students with Disabilities: IDEA	(8) LEP
		(1) American Indian or Alaskan Native	(2) Asian or Pacific Islander	(3) Hispanic	(4) Black, Not of Hispanic Origin	(5) White, Not of Hispanic Origin			
A. Diploma	M								
	F								
B. Certificate of Attendance or Completion	M								
	F								

Please fill all cells.
If a cell has **no students** or is **not applicable**, see Instruction Sheet, page 1 for directions.

SEX: M = male; F = female
LEP = Limited English Proficient

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Table 16 IS TO BE COMPLETED BY HIGH SCHOOLS

Table 16. Interscholastic Athletics: In this table, please enter data from the entire previous school year (2003-2004), beginning from the date of your school's first official interscholastic athletic competition through its last.

If this school does not have interscholastic athletics, check this box: <input type="checkbox"/>			<p>Column 1—refers to teams where only male students participate. Column 2—refers to teams where only female students participate.</p> <p>Count boys and girls teams separately. <i>Example:</i> A school with separate girls and boys basketball teams at the freshman, junior varsity, and varsity levels has 6 teams representing 1 sport. The entries would be: - 3 in Column 1 and 3 in Column 2 for Row A - 1 in Column 1 and 1 in Column 2 for Row B</p> <p>Count a student once for each team he or she is on. <i>Example,</i> a student who plays on two teams should be counted twice.</p> <p>Please fill all cells. If a cell has no students or is not applicable, see Instruction Sheet, page 1 for directions.</p>
	(1) where only male students are on the team	(2) where only female students are on the team	
A. Number of teams			
B. Number of sports represented by those teams			
C. Number of participants			
(a) Male participants			
(b) Female participants			

TABLE 17 & CERTIFICATION MUST BE COMPLETED BY ALL SCHOOLS

TABLE 17. Teachers

a. How many full-time classroom teachers were at your school on October 1, 2004?		<p>For 17(b) - Do not include teachers who have emergency, temporary, or provisional certification. For beginning teachers, include as certified those who have met all the standard teacher education requirements with the exception of the State-required probationary period.</p>
b. How many full-time classroom teachers at your school on October 1, 2004 meet all applicable state teacher certification requirements for a standard certificate?		

CERTIFICATION: I certify that the information is true and correct to the best of my knowledge and belief. A willfully false statement is punishable by law. (U.S. Code, Title 18, Section 1001)

Printed Name of Principal or Authorized Representative

Date

Telephone

Title

Fax

Signature of Principal or Authorized Representative