INSTRUCTIONS FOR COMPLETING DATA SHEET, DI-SE-F43B

SECTION I - School Information

Contact Person: Write the name of the person who is to be contacted for clarification and/or additional areas. Complete the remaining blanks with school name and telephone number.

SECTION II - School and Certification Information

Teacher Name: List each special education teacher for one school <u>before</u> naming teachers of another school. Record each teacher's name only once, regardless of the number of schools served by the teacher. Also, list related service personnel (e.g., L/S, OT, PT).

Column(*): Indicate those teachers who are participating members of the Assessment Team by placing an asterisk (*) beside the teacher's name.

Complete the following blanks:
> Teacher's Social Security Number (Last 4 digits)
> Certificate number (Cert. Number)
> Class Code Number, listed on teacher's certificate
> Area(s) of Endorsement, Code Number(s) listed on teacher's certificate
> Valid period of time of certification (Validity Date)
> Attach a copy of each teacher's license which clearly denotes the areas of certification
> Quarterly updates of data sheets will be necessary as changes in personnel or certification occur

SECTION III - Program Information

Exceptionalities (Excep.): In this column specify the types of exceptionalities served in the class using the following abbreviations:

ID	- Intellectual Disability	OHI	- Other Health Impairment
SLD	- Specific Learning Disability	MD	- Multiple Disabilities
L/S	- Language/Speech Impaired	AU	- Autism
HI	- Hearing Impaired	DD	- Developmentally Delayed
VI	- Visually Impaired	TBI	- Traumatic Brain Injury
DB	- Deaf-Blind	OI	- Orthopedic Impairment
EMD	- Emotional Disability		

Type Program (Type Prog.): List the type of program using the following abbreviations:

SC	- Self-Contained	DD	- Developmentally Delayed
RP	- Resource Program	VP	- Vocational Preparation (Cooperative)
HBD	- Homebound	AUD	- Audiology

SECTION IV - Student Information

> Ages: List number of children in each age group served in classes listed and record the total served by each teacher.

NOTE: A faxed copy of the DI-SE-F43B form is not acceptable.