

Columns List (Fields for Search and Reports)

Student Identification

First Name
Last Name
Middle Initial
Middle Name
a/k/a
Student ID
SSID
Birthdate

School

SELPA
District Attending
School Attending
School Code
School Name
School Group
District of Residence/Responsibility
School of Residence
SELPA From (Transfer)
Transfer Approved Date
District of Geographical Residence

Status

Active Status
CASEMIS Report Status
IEP/EVAL Status
Status Date
Inactive Status Other Reason

Demographics

Age
Age as of Next Report
Grade
Grade Number (allows access to more than one grade)
Gender
Federal Ethnicity
Race 1
Race 2
Race 3
Native Language
EL Type
RFEP Date
Migrant
Residential Status
Residential Status Date

Contact Info

Contact Name
Contact Phone
Contact Secondary Phone
Contact Address
Contact City
Contact State
Contact Zip
Email

Program Information

School type (can use to search for NPS)
Placement
Placement Changed
Program
Plan Type
Entry Date (First Services Received)
SELPA Enrollment
District Enrollment
Enrollment Date
CEIS Federal Program
Exit Date
Exit Reason

Services

Primary Service
All Services
Services Index
Provider
Location
Frequency
Duration
Service Additional Info 1
Service Additional Info 2
Service Start Date
Service End Date

Referral Data

Referral Date
Referral By
Parent Consent Date
Initial Evaluation (First IEP) Date
Infant Referral Date
Infant Referral By
Infant Parent Consent Date
Infant Initial Evaluation Date
Third Birthday Delay Reason
Initial Evaluation Delay Reason
TBDLAY Other Reason
EVLDELAY Other Reason
Evaluation Days
Evaluation Days (Infant Referral)

IEP Dates

Last IEP Date
Last Evaluation Date
IEP Delay Reason
Triennial Delay Reason
IEPDELAY Other Reason
TRIDELAY Other Reason
Periodic Review
Parent Input
Next IEP
Next EVAL
Days Since Previous IEP
Days Since Previous EVAL
Third Birthday IEP Overdue

Special Ed

Primary Disability
Secondary Disability
% Time in General Ed.
Low Incidence Disability
Infant Setting
Federal Infant Setting
Federal Preschool Setting
Federal School Setting
Parent Input
Has Goal Objectives
Has Current Goals
Current Goal Areas of Need
Progress Report Date
Benchmark Progress Report Date

Participation

All Participations
SBAC English Language (ELA)
SBAC Math
Participation in CAHSEE
Participation in Science
Participation in History
Participation in Writing
Accommodations/Supports
DRDP Complete
DRDP Started
DRDP Completed Date

Post Secondary

Graduation Plan
Has TRAN_REG
TRAN_REG1
TRAN_REG2
TRAN_REG3
TRAN_REG4
TRAN_REG5
TRAN_REG6
TRAN_REG7
TRAN_REG8
Post Secondary Program
Post Secondary Employment

Providers

Case Manager
Psychologist
Program Specialist
Speech-Language Pathologist
Other Service Provider
Special Ed Teacher
Nurse
Physical Therapist
Occupational Therapist
Clinical Therapist
Deaf/Hard of Hearing Specialist
Orientation and Mobility Specialist
Vision Specialist
Behavior Specialist
Adaptive Technology Specialist
Adapted PE Specialist
Audiologist
District Representative
Representative from District of Residence
Counselor
Interpreter
General Ed Teacher
RSP Teacher

Discipline

Days Suspended
Reason 1
Reason 2
Reason 3
Incident Date
Discipline Date
Discipline Type
Authority
Status
Behavior Plan Date
Positive Behavior Intervention Plan
Manifest Determination
Manifestation Determination Date

Next Year's Data

Next School
Next District
Next SELPA
Next SPEC_TRANS
Next IN_REGCLS
Next Case Manager
Next Psychologist
Next Program Specialist
Next Other Service Provider
Next Speech Language Pathologist
Retain Grade
Next Year's Providers
Next Year's Services

Meetings

Meeting Date
Meeting Purpose
Assessment Plan Sent
Assessment Plan Received
Meeting Parent Response
Meeting Occurred
Meeting Finalized
Meeting Created By
Meeting Created Date
Translation Completed By
Translation Completed Date
Meeting Count
Followup Status
Followup Status Date
Submitted IEP Form
Submitted Non-IEP Form
Submitted IEP Form Date

SIRAS

Errors
Warnings
State Program Error/Warning Count
State Program Error/Warning Code
State Program Error/Warning Text
Last Modified
Last Modified By
Last Validated
Last Validated By
Record Created
Created By
Notes
Note Category
Duplicate
Locked
SIRAS ID

ESY

ESY
ESY Services
ESY Considered
ESY School
ESY Teacher Name
ESY Classroom
ESY Class Hours
ESY Year Start
ESY Year End
ESY Transportation
ESY Transportation Type

Transportation

Special Transportation
Transportation Provider
Transportation Therapy
Transportation Route
Transportation Aide
Transportation Type
Transportation Level
Pick-up Address
Take home address
Special Instructions/Notes

Trans. Requirements

Travel Chair
Electric Chair
Car Seat
Seat Belt
Wheelchair
Walker
Harness
Curb-to-curb

Medical

Asthma
Epilepsy
Diabetes
Vision Test
Specialized Physical Health Care Services
Hearing Test
Emergency Health Plan
Emergency Health Plan Date
MediCal Billing Permission
MediCal Billing Permission Date
Allergies
Medication

Other Provider Services

504
WorkAbility
Interim Date
Start Date
Chapter 1 Services
Overall Report Card Type

PE

PE
N/A
General
Modified General
Adapted
Exempt
Specially Designed

Agency Services

Agency Services
None
CCS
Social Services
Mental Health
Rehabilitation
Regional Center
Other Agency