

2010-2011 Student MARSS Data Sheet Intermediate District 287

Student Name _____

State MARSS Id# _____

Entry Date _____ School # _____

Grade Level _____ ADM % _____

Limited English Proficiency: Yes / No

If receiving LEP services: LEP Start Date: ____/____/____

Primary Language _____

(Language spoken at home – See Language Code Table)

Migrant Indicator: Yes / No

(Has student's family come to this district within the last 36 months for temporary/seasonal agricultural or fishing work?)

Student Birth Country _____

Ethnicity:

Is this student Hispanic/Latino (3)? _____ Yes _____ No

If no, please choose one of the following ethnicities:

_____ White (5) _____ Asian/Pacific Islander (2)

_____ Black (4) _____ Native American/Alaskan Native (1)

Race:

What is this student's race? Choose one or more. Default is White.

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Directions: Fill in the blank or Circle Yes/No
Incomplete fields will be emailed to supervisor for follow up

PSEO: Yes / No

PSEO High School Hours _____

(Post-Secondary Enrollment Options)

Gifted or Talented: Yes / No

Transportation Indicator _____ (choose one)

00 walkers

01 regular

02 excess

03 disabled (must have IEP/IFSP/IIIP, special transportation in IEP)

04 de-segregation

05 ineligible

06 special transportation (special accommodations for non special ed – 504, SAC27, or homeless)

Transporting District _____

(District responsible for student's transportation)

Homebound: Yes / No

Compensatory Aid _____ (choose one)

(Even if a grant exists or lunch is not served, this code is mandatory)

0 Not eligible

1 Eligible for reduced meals

2 Eligible for free meals

General Assistance Medical Opt Out:

GAMC _____

N = allow data to be shared

MN CARE _____

Y = yes opt out from sharing data

Teacher responsible for daily attendance _____

Teacher Employee Id _____

Please contact Student Information Systems with questions:

Sandy Gaulke: 763-550-7142 or skgaulke@district287.org

Mona Hoskins: 763-550-7127 or mlhoskins@district287.org

Federal Instructional Setting: _____ (choose one)

Ages 6 through 21

- 00 no IEP/IFSP/IIIP
- 01 regular class – outside regular classroom less than 21% of school day
- 02 resource room – resource room between 21 and 60% of school day
- 03 separate class – separate classroom more than 60% of school day
- 04 public separate day school facility greater than 50% of school day
- 05 private separate day facility greater than 50% of school day
- 06 public residential facilities greater than 50% of school day
- 07 private residential facilities greater than 50% of school day
- 08 homebound/hospital placement

Ages Birth through 2

- 11 designed for children with development delays; self contained ECSE classroom
- 12 designed for typically developing children
- 13 home
- 14 hospital (inpatient)
- 15 residential facility (public or private)
- 16 service provider location
- 17 other setting

Ages 3 through 5

- 31 Participates in an early childhood or kindergarten program (non-special education) at least 10 hours per week and receives the majority of SpEd services in this setting.
- 32 Participates in an early childhood or kindergarten program (non-special education) at least 10 hours per week but receives the majority of SpEd services in another location.
- 33 Participates in an early childhood or kindergarten program (non-special education) up to 10 hours per week and receives the majority of SpEd services in this setting.
- 34 Participates in an early childhood or kindergarten program (non-special education) up to 10 hours per week but receives the majority of SpEd services in another location.
- 41 separate class
- 42 separate school
- 43 residential facility
- 44 service provider location
- 45 home

Special Education Evaluation Status: _____ (choose one)

- 4 evaluated – receiving services in accordance with PL 108-446
- 6 evaluated – receiving services through SWP (Standardized Written Plan) and another public agency in accordance with PL 108-446

Primary Disability Classification: _____ (choose one)

- 01 SPL Speech or Language Impaired
- 02 DCDMM Developmental Cognitive Disabilities Mild-Moderate
- 03 DCDSP Developmental Cognitive Disabilities Severe-Profound
- 04 PI Physically Impaired
- 05 DHH Deaf – Hard of Hearing
- 06 VI Visually Impaired
- 07 SLD Specific Learning Disabilities (no early childhood)
- 08 EBD Emotional Behavioral Disorders (not early childhood)
- 09 DB Deaf-Blindness
- 10 OHD Other Health Disabilities
- 11 AUTIS Autism Spectrum Disorder
- 12 DD Developmental Delay (through age 6)
- 14 TBI Traumatic Brain Injury
- 16 SMI Severely Multiply Impaired
- 54 504 Plan

Secondary Disability Classification: (Circle All Applicable)

- 01 SPL Speech or Language Impaired
- 02 DCDMM Developmental Cognitive Disabilities Mild-Moderate
- 03 DCDSP Developmental Cognitive Disabilities Severe-Profound
- 04 PI Physically Impaired
- 05 DHH Deaf – Hard of Hearing
- 06 VI Visually Impaired
- 07 SLD Specific Learning Disabilities (no early childhood)
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