

# 2018-2019

## How to complete the Data Collection Sheets - Elementary

### Completed forms due to your Data Entry by September 14, 2018

#### Speech/Language, OT/PT, and Vision/Hearing Services

**Scheduling objective:** These sheets are to schedule the students for the services/instruction they are receiving. This sheet provides your Data Entry:

- WHO is providing the services to what specific students
- WHAT services they are providing
- WHEN they are providing the services
- WHERE (building/room) they are providing the services.

**Elementary schools** – List one homeroom per Therapy Scheduling sheet

- Building/Room = the building and room you are providing the service in
- Indicate the amount of time in minutes per day or days

**NOTE:** There are separate scheduling sheets for Speech/Language - Elem. Middle and High schools, OT/PT - Elem. Middle and High schools, and Vision/Hearing Elem. Middle and High school. Please complete the appropriate sheet.

Examples provided below:

#### Speech/Language: Elementary School

Service Providers Name <u>Danielle Gilman</u> TCH# <u>704</u>							
Std.#: 125487	Indicate the amount of time in minutes per day(s)						
First Name: Valerie	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
Last Name: Farmer	7763030 Speech (F)	4-107		30			
	7763040 Language (G)					45	

#### OT/PT: Elementary School

Service Providers Name <u>Val Farmer</u> TCH# <u>701</u>							
Std.#: 123456	Indicate the amount of time in the minutes per day(s)						
First Name: Isabella	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
Last Name: Fuentes	7763050 OT (D)	3-102 a		45 b			
	7763070 PT (E)						
Std.#: 148967	Indicate the amount of time in the minutes per day(s)						
First Name: Mark	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
Last Name: Walberg	7763050 OT (D)						
	7763070 PT (E)	4-107				60	

#### Vision/Hearing: Elementary School

Service Providers Name <u>Dan Gilman</u> TCH# <u>700</u>							
Std.#: 444444	Indicate the amount of time in minutes per day(s)						
First Name: Val	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
Last Name: Farmer	7763080 Vision (I)	4-105	45 → b				
	7763090 Hearing (H)	a					
Std.#: 456456	Indicate the amount of time in minutes per day(s)						
First Name: ace	Area of Instruction	Building/Room	Mon	Tue	Wed	Thur	Fri
Last Name: ventura	7763080 Vision				60		
	7763090 Hearing	7-113					

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### Special Education (formerly ESE Resource/Inclusion Teachers)

**Scheduling objective:** These sheets are to schedule the students for the services/instruction you are providing. The following information is required to accurately schedule your students:

- WHO is providing the services to which students
- WHAT services you are providing
- WHEN you are providing the services
- WHERE (building/room) you are providing the services

NOTE: List the students you are servicing each day, regardless if they are a SWD.

1. Complete a separate Data Collection Sheet for each homeroom. (Do not mix homerooms)
  - a. For SWD's you **must** complete the Excep. Being serviced box. This box cannot be left blank.
  - b. For NON-SWD's write N/A for Excep. Being serviced
  - c. Bldg/Rm = list the building and room in which you are providing the service
  - d. Indicate the amount of minutes in which you are providing service per day or days

Example provided below:

Special Education Teacher (Formerly ESE Resource/Inclusion Teachers)							
DISTRICT APPROVED SUBJECT SCHEDULING DATA COLLECTION FORM							
ENTER ONLY 1 HOMEROOM PER SHEET - DO NOT MIX HOMEROOMS - Indicate the amount of time in minutes on each day of service							
Your Name: Valerie Farmer				TSE#: 700			
				Note: This is not your EID #			
Homeroom Tch Name: Jones							
Std.#: 123456	Indicate the amount of time in minutes per day(s)						
First Name: Jennifer	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: Lopez	Language Arts	3-102	30	30	30	30	30
Excep.being serviced: K	Math						
Std.#: 258985	Indicate the amount of time in minutes per day(s)						
First Name: Tom	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: Hanks	Language Arts	3-102	45	45	45	45	45
Excep.being serviced: V	Math	3-102	30	30	30	30	30
Std.#: 125469	Indicate the amount of time in minutes per day(s)						
First Name: Julia	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: Roberts	Language Arts	3-102		30			30
Excep.being serviced:	Math						

**NOTE:** If you are not seeing the student in Language Arts or Math, cross out the course and write in the subject area/course name applicable for the student.

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### ELL Immersion Teachers

**Scheduling objective:** These sheets are to schedule the students for the services/instruction you are providing. The following information is required to accurately schedule your students:

- WHO is providing the services to which students
- WHAT services you are providing
- WHEN you are providing the services
- WHERE (building/room) you are providing the services

NOTE: List the students you are servicing each day, regardless if they are a "LY" student or not.

1. Complete a separate Data Collection Sheet for each homeroom. (Do not mix homerooms)
  - a. For LY students you will circle YES. LY students are scheduled with the ESOL course 5010010.
  - b. For NON LY students you will circle NO - then indicate what subject area(s) you are providing services to the student. (Language Arts, Math, Science and/or Social Studies)
  - c. Bldg/Rm = list the building and room in which you are providing the service
  - d. Indicate the amount of minutes in which you are providing service per day or days

Example provided below:

2018-2019 ELL Immersion Teacher							
DISTRICT APPROVED SUBJECT SCHEDULING DATA COLLECTION FORM							
ENTER ONLY 1 HOMEROOM PER SHEET - DO NOT MIX HOMEROOMS - Indicate the amount of time in minutes on each day of service							
Your Name: Valerie Farmer				TSE#: 705			
Note: This is not your EID#.							
Homeroom Tch Name: Smith							
Std.#: 258369		Indicate the amount of time in minutes per day(s)					
Area of Instruction if not an LY stdt		Bldg/Rm	Mon	Tue	Wed	Thur	Fri
First Name: Steve							
Last Name: Harvey		4-105	30	30	30	30	30
LY Student	<input checked="" type="radio"/> YES						
If NO indicate Area of Instr.							
Std.#: 147896		Indicate the amount of time in minutes per day(s)					
Area of Instruction if not an LY stdt		Bldg/Rm	Mon	Tue	Wed	Thur	Fri
First Name: Drew							
Last Name: Carey		Lang. Arts b.	4-105	30	30	30	30
LY Student	YES	<input checked="" type="radio"/> NO					
If NO indicate Area of Instr.							
Std.# 147963		Indicate the amount of time in minutes per day(s)					
Area of Instruction if not an LY stdt		Bldg/Rm	Mon	Tue	Wed	Thur	Fri
First Name: Maddy							
Last Name: Farmer		4-105	30		30		30
LY Student	<input checked="" type="radio"/> YES						
If NO indicate Area of Instr.							

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### Resource Teachers

**Scheduling objective:** These sheets are to schedule the students for the services/instruction you are providing. The following information is required to accurately schedule your students:

- WHO is providing the services to which students
- WHAT services you are providing
- WHEN you are providing the services
- WHERE (building/room) you are providing the services

1. Complete a separate Data Collection Sheet for each homeroom. (Do not mix homerooms)
  - a. If you are not seeing the student in either Language Arts or Math, cross through the course and write in the subject area/course name applicable for the student.
  - b. Bldg/Rm = list the building and room in which you are providing the service
  - c. Indicate the amount of minutes in which you are providing service per day or days

Example provided below:

Resource Teacher								
DISTRICT APPROVED SUBJECT SCHEDULING DATA COLLECTION FORM								
ENTER ONLY 1 HOMEROOM PER SHEET - DO NOT MIX HOMEROOMS - Indicate the amount of time in minutes on each day of service								
Your Name: Valerie Farmer				TSE#: 704				
				Note: This is not your EID#.				
Homeroom TCH Name: Roberts								
Std.#: 123645		Indicate the amount of time in minutes per day(s)						
First Name: Amanda		Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: Smith		Language Arts	1-101	30	30	30	30	30
		Math						
Std.#: 145214		Indicate the amount of time in minutes per day(s)						
First Name: Amanda		Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: Jones		Language Arts	1-101 <sup>b</sup>	30		30		30
		Math	2-105		45		45	
Std.#: 125631		Indicate the amount of time in minutes per day(s)						
First Name: Katy		Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name: Collins		Language Arts	1-101	30	30	30	30	30
		Math <sup>a</sup> Sci	2-105		45		45	45

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