

2014-2015 Special Education IEP Interchange-Student Parent Association File

Purpose:

The purpose of the Student Parent Association File is to collect adult contact information on students reported in the Child and Participation files.



Dependencies:

Students who have been assigned a SASID are updated in the RITS system. For students without a SASID this field is zero-filled.

Record Expectation:


In the Student Parent Association File the LEA should submit a record for a parent or guardian with relative contact information for the student. A student may have more than one parent or guardian; therefore more than one Adult Contact record may be reported for each student, though only one is required. **Please**

note this file is required from EVERY AU for the 14-15 Special Education End of Year Snapshot.  - Indicates Primary Key

Name of Field	Field Length	Text Start Position	Text End Position	CSV order	Excel n/a	Examples	Remarks
<p>NOTE:</p> <p>* Indicates required</p> <p>You may name your file anything that works for you; however the system will not allow spaces in the file name.</p> <p>A header row is required for file submissions to the Data Pipeline.</p> <p>*RITS and EDIS validations only apply in the Data Pipeline.</p>							
Administrative Unit/SOP Code* 	5	1	5	1		00000	REQUIRED FIELD Must be the valid 5 digit code for reporting Admin Unit/SOP.
Student's State ID (SASID)* 	10	6	15	2		0000000000	REQUIRED FIELD Will be validated against RITS in the Data Pipeline using four locator fields: last name, first name, date of birth, and gender.




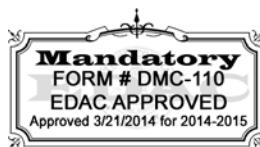
2014-2015 Special Education IEP Interchange-Student Parent Association File

Local ID (LASID) 	10	16	25	3		0000000000	Locally assigned 10-digit Student ID. Optional if valid SASID is reported, zero-fill if not used. LASID is required if SASID is zero-filled.
Student's First Name*	30	26	55	4		Valid name	REQUIRED FIELD Will be validated against RITS in the Data Pipeline using four locator fields: last name, first name, date of birth, and gender.
Student's Last Name*	30	56	85	5		Valid name	REQUIRED FIELD Will be validated against RITS in the Data Pipeline using four locator fields: last name, first name, date of birth, and gender.
Student's Gender*	2	86	87	6		01	REQUIRED FIELD Will be validated against RITS in the Data Pipeline using four locator fields: last name, first name, date of birth, and gender.
Student's Date of Birth*	8	88	95	7		12312013	REQUIRED FIELD Will be validated against RITS in the Data Pipeline using four locator fields: last name, first name, date of birth, and gender. Format is MMDDYYYY.
Primary Contact Status	1	96	96	8		1-Yes 0-No	Flag that indicates this parent is the primary contact for the student.



2014-2015 Special Education IEP Interchange-Student Parent Association File

Adult Contact ID  FIELD REMOVED	10	97	106	9		0000000000	Unique 10 digit identifier for each parent. Each AU will create and control their own list of IDs, and IDs can duplicate across AUs, but cannot duplicate within the same AU. Zero-fill this field.
Adult Contact's First Name	30	107	136	10			Required
Adult Contact's Middle Name FIELD REMOVED	30	137	166	11			Required for AUs in the Sample Table for Indicator 8
Adult Contact's Last Name	30	167	196	12			Required field
Adult Contact's Address	50	197	246	13			Required field
Adult Contact's Address City	30	247	276	14			Required field
Adult Contact's Address State	2	277	278	15			Required field
Adult Contact's Address Zip	9	279	287	16			Required field
Adult Contact's Primary Telephone Number	10	288	297	17			Required field
Adult Contact's Secondary Telephone Number	10	298	307	18			Requested field. Leave blank if not available
Adult Contact's Email Address	50	308	357	19			Requested field. Leave blank if not available



2014-2015 Special Education IEP Interchange-Student Parent Association File

Student Parent Association File

Administrative Unit/SOP – A unique code assigned to an Administrative Unit/State Operated Program by CDE. Refer to Administrative Unit/State Operated Program table posted on the Data Pipeline website at http://www.cde.state.co.us/DataPipeline/org_orgcodes.asp.

Student's State ID (SASID) – A unique ten digit number assigned to each student by CDE. Students included in the Special Education End-of-Year Student collection that received Early Intervening Services (K-12) only, or were evaluated and found eligible for Part B services, must have a SASID. Children evaluated for Part C only (Special Education/Part C Referral of 01) or children in grades 002 or 004 that are determined not eligible do not require a SASID. SASIDs must be obtained from the Record Integration Tracking System (RITS). All Districts have a designated staff member authorized to access the RITS system.

Local ID (LASID) – If your Administrative Unit/State Operated Program uses a Locally Assigned Student ID (LASID) for your students, use the LASID. This will help your AU/SOP tie the LASID to the State Assigned Student ID (SASID). It will also help to identify records in error that must be corrected. AUs/SOPs not opting to retain a LASID must zero-fill the ten digits. This field must be used for children who were evaluated for Part C Services and or when SASID is zero-filled.

Student's First Name – A name given to an individual at birth, baptism, or during another naming ceremony, or through legal change.

Student's Last Name – The name borne in common by members of a family.

Student's Gender - An individual's sex.

01	Female
02	Male

Student's Date of Birth – The month, day, and year on which an individual was born (i.e. 09151989).



2014-2015 Special Education IEP Interchange-Student Parent Association File

Primary Contact Status – Indicates this parent is the primary contact for this student. (Flag)

0	No
1	Yes

If your Administrative Unit or State Operated Program is in the sample for the reporting year, complete the fields regarding Adult Contact Information for all students who are:

- reported in Path 2 or Path 3 AND are found to be eligible for special education, OR
- an existing special education student

You do not need to provide contact information for students who are:

- reported in Path 1 only, OR
- found to be not eligible for special education

The Parent Contact information is being collected to address Indicator 8 (Parent Survey) requirements in the State Performance Plan. In the 14-15 school year, all Administrative Units/State Operated Programs are required to report this information.

The authority for the administrative units, districts, and state operated programs to provide the parent contact information to CDE without specific parental consent is below:

ECEA RULES 2220-R-6.00 Confidentiality of Information

6.01 (12) 34 CFR §300.622—Consent;

IDEA 34 CFR § 300.622 Consent.

(b)(1)... parental consent is not required before personally identifiable information is released to officials of participating agencies for purposes of meeting a requirement of [Part B of the IDEA].



2014-2015 Special Education IEP Interchange-Student Parent Association File

~~**Adult Contact ID**—This is a Unique 10-digit identifier for each parent or guardian. Each AU will create and control their own list of IDs, and IDs can duplicate across AUs, but cannot duplicate within the same AU.~~ **FIELD REMOVED**

***Please provide at least one Adult Contact and pertinent information for each student. If a student has more than one, new records would need to be added for each additional contact. These additional records would be considered the “Secondary Adult Contacts” in the Special Education EOY snapshot.**

Adult Contact’s First Name – A name given to an individual at birth, baptism, or during another naming ceremony, or through legal change.

~~**Adult Contact’s Middle Name**—A secondary name given to an individual at birth, baptism, or during another naming ceremony, or through legal change. Blanks are NOT allowed. Use NMN (no middle name) where appropriate.~~ **FIELD REMOVED**

Adult Contact’s Last Name – The name borne in common by members of a family.

Adult Contact’s Address – The street address of the adult contact.

Adult Contact’s Address City – The city of the street address of the adult contact.

Adult Contact’s Address State – The state of the street address of the adult contact.

Adult Contact’s Address Zip – The zip code of the street address of the adult contact. No dashes or special characters permitted.

Adult Contact’s Primary Telephone Number – The adult contact’s primary phone number. No dashes or special characters permitted.

Adult Contact’s Secondary Telephone Number – The adult contact’s secondary phone number, if available. No dashes or special characters permitted.

Adult Contact’s email – The adult contact’s email address, if available.



2014-2015 Special Education IEP Interchange-Student Parent Association File

Document Changes (for major changes to collection that would impact districts)

Date	Description of change	Reason for change	Elements affected
2/20/14	Miscellaneous update		Remarks and Notes
1/26/15	Updated who is required to submit the file and removed 2 fields	ESSU unit is requiring that every AU submit this file going forward.	Adult contact ID and Adult middle name fields removed.

