### Purpose:

The purpose of the Student Parent Association File is to collect adult contact information for those students whose AU or SOP is part of the Indicator 8 Sample Plan for the current collection year.

## **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 at least one adult contact record for each student containing current contact information. A student may have more than one parent or guardian address; therefore more than one adult contact record can be reported for each student. This file is only required for students whose AU or SOP is part of the current collection Sample Plan for Indicator 8.

• Indicates Primary Key

NOTE: * Indicates required You may name your file anything that works for you; however the system will not allow spaces in the file name. When submitting a CSV file, do NOT include a header row. RITS and EDIS validations only apply in the Data Pipeline.							
Name of Field	Field Length	Text Start Position	Text End Position	CSV order	Excel n/a	Examples	Remarks
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)* Order	10	6	15	2	000000000	REQUIRED FIELD Will be validated against RITS in the Data Pipeline using four locator fields: last name, first name, date of birth, and gender. * Not required for Part C children.
Local ID (LASID)	10	16	25	3	000000000	Locally assigned 10-digit Student ID. Optional, zero-fill if not used.
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	MMDDYYYY	REQUIRED FIELD Will be validated against RITS in the Data Pipeline using four locator fields: last name, first name, date of birth, and gender.



Primary Contact Status*	1	96	96	8	0	Flag that indicates this parent is the primary contact for the student. yes-1 or no-0
Adult Contact ID	10	97	106	9	000000000	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 for AUs in the Sample Table for Indicator 8
Adult Contact's Middle Name*	30	137	166	11		Required for AUs in the Sample Table for Indicator 8. Use NMN if not known.
Adult Contact's Last Name*	30	167	196	12		Required for AUs in the Sample Table for Indicator 8
Adult Contact's Address*	50	197	246	13		Required for AUs in the Sample Table for Indicator 8
Adult Contact's Address City*	30	247	276	14		Required for AUs in the Sample Table for Indicator 8
Adult Contact's Address State*	2	277	278	15		Required for AUs in the Sample Table for Indicator 8
Adult Contact's Address Zip*	9	279	287	16		Required for AUs in the Sample Table for Indicator 8
Adult Contact's Primary Telephone Number*	10	288	297	17		Required for AUs in the Sample Table for Indicator 8



Adult Contact's Secondary Telephone Number	10	298	307	18	Requested from AUs in the Sample Table for Indicator 8. Leave blank if not applicable
Adult Contact's Email Address	50	308	357	19	Requested from AUs in the Sample Table for Indicator 8. Leave blank if not applicable

## **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 <a href="http://www.cde.state.co.us/DataPipeline/org\_orgcodes.asp">http://www.cde.state.co.us/DataPipeline/org\_orgcodes.asp</a>.

**Student's State ID (SASID)** – A <u>unique</u> 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, <u>must</u> 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 <u>may</u> also be used to enter the unique identifier for children who were evaluated for Part C Services.

**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).

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

0	No
1	Yes

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.

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.

If your Administrative Unit or State Operated Program is in the Indicator 8 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 Involvement) requirements in the State Performance Plan. A sample of Administrative Units/State Operated Programs is required to meet these requirements.

Please enter the following information regarding the Adult Contact(s) for every eligible (see table above) student if your Administrative Unit/State Operated Program is listed here for 2013-2014: **01010**, **03030**, **03060**, **15010**, **16010**, **18010**, **21030**, **21040**, **21080**, **30011**, **41010**, **64053**, **64160**, **66080** 

Link to Adult Contact Information Guidance:

http://www.cde.state.co.us/sites/default/files/Adult%20and%20Student%20Contact%20Information.pdf

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].

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.

\*Please provide at least one Adult Contact and pertinent information for each student. New records need to be added for each additional contact. These additional records would be considered the "Secondary Adult Contacts" in the Special Education EOY snapshot.

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

Date	Description of change	Reason for change	Elements affected
02/20/14	Miscellaneous update	More Clarification	Remarks and Notes
04/24/14	Miscellaneous update	More Clarification	Remarks and Notes

