Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District of Attendance: \_\_\_\_\_\_\_\_\_\_\_ Building of Attendance: \_\_\_\_\_\_\_\_\_\_ Scholarship? \_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability Category: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Date Type Codes**: **Activity (GE100)** | **Event Date from PR-XX form (GE 110)** | **Outcome** (GE 120) | **Begin Date (GE 140)** | **End Date (GE 150)** | **Compliance** |
| 1. PSTC (Preschool Transition Conference - ONLY for students coming from Help Me Grow)
 |  | No code currently reported, but note if parents deferred ETR due to child’s age (Deferred? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_) |  |  | N/A |
| 1. RFRL (Referral for Evaluation - after the child is suspected of having a disability)
 |  | N/A |  |  | N/A |
| 1. CNST (Parent Consent for Evaluation - on or after referral date)
 |  | CNGI | CNGR | CNGO | CNRF | CNNR | CNDP |  |  |  |
| 1. IETR (Initial Evaluation Team Report - Completion due 60 days from consent)
 |  | ETNE ETDP *Disability Category (circle)*: |  |  |  |
| ET01 ET02 ET03 ET04 ET05 ET06 ET08 ET09 ET10 ET12 ET13 ET14 ET15 ET16 |
| 1. IIEP (Initial IEP - 30 days from ETR Completion; by third birthday if PSTC)
 |  | IENS IEPR IEDP *LRE codes (circle)* :  |  |  |  |
| IE13 IE14 IE15 IE16 IE17 IE18 IE19 IE20 IE21 IE38 IE51 IE53 IE55 IE56 IE60 IE62 IE64 IE70 IE72  |
| 1. AIEP (Amended IEP)
 |  | Change LRE to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Change Test Type To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Change OGT consequences to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Must match another IEP  | N/A |
| 1. IISP (Individual Services Plan )
 |  | IE39 |  |  | N/A |
| 1. RISP (Individual Services Plan )
 |  | IE39 |  |  |  |
| 1. RETR (Reevaluation Team Report - 3 years from prior ETR)
 |  | ETDP ETEX *Disability Category (circle):* |  |  |  |
|  |
| ET01 ET02 ET03 ET04 ET05 ET06 ET08 ET09 ET10 ET12 ET13 ET14 ET15 ET16  |
| 1. RIEP (Periodic Review of IEP - 1 year from previous IEP)
 |  | IENS IEPR IEDP *LRE codes (circle):*  |  |  |  |
| IE13 IE14 IE15 IE16 IE17 IE18 IE19 IE20 IE21 IE38 IE51 IE53 IE55 IE56 IE60 IE62 IE64 IE70 IE72  |
| 1. TETR (Transfer Student ETR Adoption)
 |  | ET01 ET02 ET03 ET04 ET05 ET06 ET08 ET09 ET10 ET12 ET13 ET14 ET15 ET16  |  |  |  |
| 1. TIEP (Transfer Student IEP Adoption)
 |  | *LRE codes (circle)*  IE13 IE14 IE15 IE16 IE17 IE18 IE19 IE20 IE21 IE38 IECF IE51 IE53 IE55 IE56 IE60 IE62 IE64 IE70 IE72 |  |  | N/A |
| 1. FIEP (Final IEP meeting prior to graduation)
 |  |  |  |  |  |
| 1. CIEP (Consent for services withdrawn by parent or adult student)
 |  |  |  |  | N/A |
| **B.** **Has the child’s learning environment (LRE) been changed in lieu of mandatory expulsion?**  EMIS program code 211001 alternate placement (circle if appropriate)  |
| **C. Secondary Planning Element** (Transition Plan reported for students 14 years or older)\*\*(GE 170) | \*\*\*\* TPNP TFYG TMYG TPCE |
|  |  |  | **Start Date** | **End Date** |
| **D. Services (2150XX)** Record any and only those services described on IEP. Make sure to include any IEP required “speech and language services” for students whose disability category is “speech.”  | 215001 | Adaptive Physical Education |  |  |
| 215002 | Aide  |  |  |
| 215003 | Attendant |  |  |
| 215004 | Audiology |  |  |
| 215006 | Interpreting  |  |  |
| 215007 | Medical |  |  |
| 215008 | Occupational Therapy  |  |  |
| 215009 | Orientation and Mobility  |  |  |
| 215010 | Physical Therapy  |  |  |
| 215011 | Reader Services  |  |  |
| 215012 | Psychological  |  |  |
| 215013 | Speech-language Pathology |  |  |
| 215015 | Rehabilitation counseling  |  |  |
| 215017 | Parent counseling and training  |  |  |
| 215018 | Counseling  |  |  |
| 215020 | Recreational  |  |  |
| 215021 | Special Transportation  |  |  |
| 215022 | Social Work  |  |  |
| 215026 | School health services  |  |  |
| 215027 | School nurse services  |  |  |
| 215023 | Other  |  |  |
| **E. Preschool Itinerant Services (a teacher)** |  220100 Provider:  |
| **F. Testing Requirements** **:** | **TEST TYPE required by IEP:**ALT STR STA | **Accommodations required:**\*\* NO Y1 Y2 Y3 |
| **G. Special Education Graduation Record:**  | **Assessment Area Code** | **Assessment Type Code** | **Exemption Flag** | **IEP Date** | **IEP Type** |
| **R (Reading)** | **GX** | **Y N** |  |  |
| **W (Writing)** | **GX** | **Y N** |  |  |
| **M (Math)** | **GX** | **Y N** |  |  |
| **C (Social Studies)** | **GX** | **Y N** |  |  |
| **S (Science)** | **GX** | **Y N** |  |  |

**This child was parentally placed in a non-public school, and educated according to an ISP.** Please make sure the following elements are reported correctly:

* ISP Event Record (Above)
* How Received = ‘6’
* Sent Reason (both) = ‘NA’
* Student Percent of Time = 0
* Sent To Percent of Time = 0

**This child was removed from his usual setting due to disciplinary reasons.**

Please make sure the following elements are reported correctly, and confirm that planned discipline actually occurred. For example, a student who participates in an expulsion hearing might not actually be expelled.

**Date of Discipline:** The date the discipline action began**.**

**Total discipline days:** The number of days the action included**.**

**Discipline type: F***or special education students, a code representing expulsion should only be reported when the manifestation determination found that the infractions resulting in disciplinary action were NOT a manifestation of the student’s disability. A PR-03 form must be completed and included in the student’s file. As special education services must continue to be provided, a withdrawal date and reason are NOT entered for the student.*

*If the manifestation determination found that the infractions resulting in disciplinary action WERE a manifestation of the student’s disability, the expulsion code is NOT reported and the student cannot be expelled. Instead, program code 211001 .*

*Any educational setting where a special education student may be temporarily placed for up to 45 days and for the same amount of time as children and youth without disabilities would be subject to discipline. This setting, where the student will continue to receive instruction, is different from the student’s current placement setting.*

**Special Education Event Code Sheet**

Date Type Element

**PSTC** **Preschool Transition Conference Date** - This is the date of the preschool transition conference arranged by the Early Intervention Service Coordinator (Department of Health) with the school district. The conference is for a student who has been enrolled in Help Me Grow, and is suspected of having a disability and may be transitioning from Part C Early Intervention/Help Me Grow to Part B preschool special education services. It is federally mandated that a representative of the district attend this conference. The conference generally occurs between 90 and 120 days before the child’s 3rd birthday. **This option can be only used for preschool students transitioning from Part C (Early Intervention /Help Me Grow) to Part B preschool special education. It is NOT to be used for any other type of preschool conference.**

**RFRL Referral for Evaluation Date** - The date the PR04-Referral for Evaluation form is received by the District. This date should be reported for all students referred for evaluation since the last reporting cycle.

**CNST** **Parent/Guardian Consent for Evaluation Date** - The date the parent/guardian grants/refuses consent for evaluation, from PR05-Parent Consent for Evaluation Part 1 (Grant Consent) or Part 2 (Refuse Consent). This element should be reported with an Outcome ID to indicate status (e.g., Consent Granted, Consent Refused, etc.).

**IETR Evaluation Team Report Completion Date-Initial** - The date the PR06-Evaluation Team Report is completed (from Part B, PR06). This element should be reported with an Outcome ID to indicate status (e.g., Student was determined to be eligible for services; Student was determined to NOT be eligible for services, etc.). If the Evaluation Team Report initial completion date does not meet mandated federal time lines then a Non-compliance ID is required.

**RETR Evaluation Team Report Completion Date-Reevaluation** - The date the PR06-Evaluation Team Report is completed (from Part B, PR06). This element should be reported with an Outcome ID to indicate status (e.g., Student was determined to NOT be eligible for services, student was determined to have Autism, etc.). If the Evaluation Team Report reevaluation completion date does not meet mandated federal time lines then a Non-compliance ID is required.

**TETR Transfer Evaluation Team Report Completion Date** -Date the district adopted an ETR developed by another public educational entity WITHOUT modification. This element should be reported with an Outcome ID to indicate status.

**IIEP IEP Completion Date-Initial** - The meeting date when the Individualized Education Program was completed. From page 1, PR07-Individualized Education Program meeting date. If the Individualized Education Program initial completion date does not meet mandated federal time lines, then a Non-compliance ID is required.

**AIEP Amended IEP** – The date when an existing IEP has been amended. Must be reported for amendments that change LRE, test types, or decisions related to graduation, such as OGT consequences. The event date is the date on the PR-07; the start date is decided by the IEP team, and the end date must match that of the IEP being amended.

**RIEP IEP Completion Date-Periodic Review or Review Other than Annual Review** -The meeting date when the Individualized Education Program was completed. From page 1, PR07-Individualized Education Program meeting date. If the Individualized Education Program reevaluation completion date does not meet mandated federal time lines, then a Non-compliance ID is required.

**IISP Initial Individual Services Plan** – Date the District and the Non-pub completed the first Individual Services Plan. The outcome is always IE-39.

compliance ID is required.

**RISP Initial Individual Services Plan** – Reviewed or Revised Date the District and the Non-pub revised or updated an existing Individual Services Plan. The outcome is always IE-39.

**TIEP Transfer Student IEP Adoption Date** - Date the district adopted an IEP developed by another public educational entity WITHOUT modification. IF district chose to modify the IEP for a transfer student they should report the date the IEP was modified as an “IEP Completion Date-Periodic Review” (RIEP).

**FIEP Final IEP Team Meeting Prior to Graduation** - A meeting of the IEP team that takes place within two months of graduation. In this meeting, a new IEP is NOT completed, since the student has met graduation requirements, will graduate, and the content in the existing IEP is appropriate for the days remaining until graduation.

**CIEP IEP consent withdrawn by parent** - The date the parent/guardian withdraws consent for a previously written IEP that is still in effect. When reporting CIEP, the only valid outcome id is IEPR.

Outcome Element

\*\*\*\* Not Applicable

CNDP Consent Moved to Due Process

CNGI Consent Granted for Initial Evaluation (IETR)

CNGR Consent Granted for a Reviewed Evaluation (RETR)

CNGO Consent Granted for Other Special Education Activity (Neither IETR nor RETR)

CNNR Consent Not Returned

CNRF Consent Refused

ETDP ETR Resulted in Due Process

ETEX Exiting Special Education. THIS CODE IS TO BE USED WHEN THE IEP TEAM determines a child no longer requires specialized instruction or related services. It is NOT to be used if a student graduates or withdraws or a parent revokes consent

ETNE Not Eligible for Services

ET01 Multiple Disabilities (other than Deaf-Blind)

ET02 Deaf-Blindness

ET03 Deafness (Hearing Impairment)

ET04 Visual Impairments

ET05 Speech and Language Impairments

ET06 Orthopedic Impairments

ET08 Emotional Disturbance (SBH**)**

ET09 Cognitive Disabilities (Formerly Mental Retardation or Developmentally Handicapped)

ET10 Specific Learning Disabilities

ET12 Autism

ET13 Traumatic Brain Injury (TBI)

ET14 Other Health Impaired (Major)

ET15 Other Health Impaired (Minor)

ET16 Developmental Delay (students ages 3 - 5 only)

IEDP IEP Resulted in Due Process

IENS IEP Complete – Not Served

IEPR IEP Complete – Parental Refusal

**Least Restrictive Environments are reported as outcomes of IEP events:**The chart below can be used to calculate LRE for school-age children not in separate or correctional facilities .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **In an average week, minutes spent in a setting not defined as “special education” that serves all students** | **In an average week, minutes spent in a setting that serves only SWDs** | **Total** | **Percent in typical** |
| Related services (OT, PT, speech, counseling) required by IEP |   |   |   |   |
| Academic and vocational coursework |   |   |   |   |
| Other coursework (music, PE, art) |   |   |   |   |
| Non-course activities (homeroom, lunch, recess) |   |   |   |   |
| Work/study experiences |  |  |  |  |
| Total |   |   |   |   |

**IE13 Special Education outside the regular class less than 21% of the day.** Student with a disability receiving special education and related services outside the regular classroom for less than 21% of the school day. This may include placement in:

* Regular classes with special education/related services provided within the regular classes;
* Regular classes with special education/related services provided outside regular classes;
* Regular classes with special education services provided in resource rooms.

**IE14 Special education outside the regular class at least 21% of the day and no more than 60% of the day.** This may include placement in:

* Resource rooms with special education/related services provided within the resource room;
* Resource rooms with part-time instruction in a regular class.

**IE15 Special education outside the regular class more than 60% of the day.** Student with a disability receiving special education and related services outside the regular classroom for more than 60% of the school day. Students who receive education programs in public or private separate day or residential facilities should NOT be reported with this code. This category may include:

* Self-contained special classrooms with part-time instruction in a regular class;
* Self-contained special classrooms with full-time special education instruction on a regular school campus;
* Students with disabilities whose parent(s) have opted to home-school them and who receive special education at public expense.

**IE16 Public Separate School.** Student with a disability receiving special education and related services, at public expense, for greater than 50% of the school day in public separate schools. This may include:

* Students with disabilities attending County Boards of DD;
* Ohio School for the Deaf, Ohio State School for the Blind (if the student does not reside there during the week);
* Public day schools for students with disabilities;
* Public day schools for students with disabilities for a portion of the school day (greater than 50%) and in regular school buildings for the remainder of the school day
* Community Schools can use the code for their students when the IEP written by the Community school places the child in a different school.

**IE17 Private Separate School.** A student with a disability receiving education programs in private separate day school facilitates. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50% of the school day in private separate schools. This may include:

* Private day schools for students with disabilities;
* Private day schools for students with disabilities for a portion of the school day (greater than 50%) and in regular school buildings for the remainder of the school day;
* Private residential facilities, if the student does not live at the facility
* Community Schools should use the code for their students when the IEP written by the Community school places the child in a private school with more than 50% of its student population having disabilities

**IE18 Public Residential Facility.** A student with a disability receiving education programs and living in a public residential facility during the school week. This includes children with disabilities receiving special education and related services for greater than 50% of the school day in public residential facilities. This may include children placed in:

* Ohio School for the Deaf, Ohio State School for the Blind (if the student resides there during the week) ;
* Public residential schools for students with disabilities;
* Public residential schools for students with disabilities for a portion of the school day (greater than 50%) and in separate day schools in regular school buildings for the remainder of the school day.
* Do not include students who received education programs at the facility, but do not live there during the week (see public separate facility).

**IE19 Private Residential Facility.** A student with a disability receiving education programs and living in a private residential facility during the school week. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50% of the school day in public residential facilities. This may include children placed in:

* Private residential schools for students with disabilities;
* Private residential schools for students with disabilities for a portion of the school day (greater than 50%) and in separate day schools or regular school buildings for the remainder of the school day.
* Do not include students who received education programs at the facility and not living there.

**IE20 Homebound/Hospital.** A student with a disability receiving education programs in a homebound/hospital environment, includes children with disabilities placed in and receiving special education and related services in:

* Hospital programs;
* Homebound programs.

Do not include children with disabilities whose parents have opted to home-school them and who receive special education at public expense.

**IE21 Correctional Facility.** A student with a disability receiving education programs in any correctional facility, regardless of the amount of time spent with typically developing peers

including

* DYS;
* County jails;
* Juvenile detention facilities;

**IE38 A student with a disability placed in a state-approved nonpublic school by a public school district and receives services through an IEP.**

IE39 A student with a disability who was enrolled by his/her parent(s) or guardian(s) in a regular parochial or other state-approved nonpublic or private school and whose basic education is paid for through private resources and who receives special education and related services at public expense from an LEA under a Services Plan. Include children whose parents chose to home school them but who receive special education and related services at the nonpublic school at public expense. Do not include children who are placed in private schools by the LEA. This code can only be used as an outcome of an ISP.

**IE51** **Services Regular Early Childhood Program (More Than 10 Hours).** Children attending a regular early childhood program at least 10 hours per week and receiving the majority of special education and related services in the regular early childhood program

**IE53** **Services Regular Early Childhood Program (Less Than 10 Hours).** Children attending a regular early childhood program less than 10 hour per week and receiving the majority of special education and related services in the regular early childhood program

**IE55** **Other Location Regular Early Childhood Program (More Than 10 Hours).** Children attending a regular early childhood program at least 10 hour per week and receiving the majority of special education and related services in some other location

**IE56** **Other Location Regular Early Childhood Program (Less Than 10 Hours).** Children attending a regular early childhood program less than 10 hour per week and receiving the majority of special education and related services in some other location

**IE60 Preschool Special Education Program – Separate Class.** A preschool special education program where a special education student is in a class with 51% or more students with disabilities. Do not report if student is also enrolled in Regular Early Childhood Program.

**IE62 Preschool Special Education Program – Separate School.** A special education program in which a student receives all of his/her special education and related services in an educational program in public or private day schools designed specifically for children with disabilities. Do not report if student is also enrolled in Regular Early Childhood Program.

**IE64 Preschool Special Education Program – Residential Facility.** A special education program in which a student receives all of his/her special education and related services in a publicly or privately operated residential school or in a residential medical facility on an in-patient basis. Do not report if student is also enrolled in Regular Early Childhood Program.

**IE70 Preschool at Home.** A program in which a child receives all of his/her special education and related services in the principle residence of the child’s family or caregivers and who did not attend an early childhood program or a special education program provided in a special class, separate school, or residential facility. Included are children who receive special education BOTH at home AND at a service provider location.

**IE72 Preschool Service Provider Location.** A program in which a student receives all of his/her special education and related services from a service provider and did not attend an early childhood program or special education program provided in a separate class, separate school, or residential facility. For example, speech instruction is provided in private clinicians’ offices, clinicians’ offices located in school buildings, hospital facilities on an outpatient basis, libraries, and other public locations.

**Note:** The event date for *Outcome ID Element* ETEX is considered the date on which the student exited Special Education as a result of the IEP team decision. ETEX is NOT reported when a student graduates or withdraws. Once a student has exited Special Education “\*\*” are reported in the *Disability Condition Element* on the Student Attributes-Effective Date Record (FD).

**The code for removal to alternate setting in lieu of expulsion remains a program code, 211001.** *This code is used for when a child is placed temporarily in any* appropriate setting determined by the child’s IEP team **or a hearing officer** for no more than 45 school days. This setting enables the child to continue to receive educational services and participate in the general education curriculum (although in another setting) and to progress toward meeting the goals set out in the IEP. As appropriate, the setting includes a functional behavioral assessment and behavioral intervention services and modifications to address the behavior violation so that it does not recur.

**Non-Compliance ID Element**

\*\* Not Applicable)

01 No Identified Reason (Includes weather related delays)

02 Staff Not Available-Summer Months

03 Staff Not Available-School Year

04 Scheduling conflicts with family

05 Parental Choice

06 Parent Refused Consent (OR repeatedly didn’t show up at scheduled meeting)

07 Child’s Health

08 Student’s Incarceration

09 District in compliance with due process timelines, but incorrect/missing data reported in EMIS in a prior reporting period

Secondary Planning Element

\*\*\*\* Not Applicable

TPNP Transition Plan Not in Place

TFYG (FYG-Four-Year Grad) Transition Plan in Place. Student plans to meet graduation requirements four years after entering ninth grade.

TMYG (MYG- Multi-Year-Grad) Transition Plan in Place. Student plans meet graduation requirements more than four years after entering ninth grade.

TPCE (CPE – Planned Continuation of Ed services) Transition Plan in Place, student has met graduation requirements but needs additional education services prior to enrollment in college or employment and will continue to be enrolled and receive service as a Grade 23 student.

Reporting Instructions. Determining when a student will have completed coursework and will graduate, or will have completed coursework but needs additional education services in preparation for employment or enrollment in college, is a decision made by the IEP team and documented on the transition plan.

The decision can be made any time PRIOR to the start of the student’s last year. This decision may include, but is not limited to, IEPs that specify the student will need more than one year to complete the requirements for a single grade level. For example, option TMYG would be used if a student’s IEP specifies that the student needs two years to complete the coursework that is needed to move from ninth to tenth grade.

For a student to be reported with a grade level 23 in September, the IEP meeting date should precede the graduation date of the district, or for practical purposes, prior to Yearend (N) reporting. The IEP must include special education services. For example, a student with OHI disability can’t simply be code 23, and take all courses via PSEO.

**Services Program Codes**

|  |  |
| --- | --- |
| 215001 | Adapted Physical Education |
| 215002 | Aide |
| 215003 | Attendant |
| 215004 | Audiology |
| 215006 | Interpreting  |
| 215007 | Medical. |
| 215008 | Occupational Therapy  |
| 215009 | Orientation and Mobility  |
| 215010 | Physical Therapy  |
| 215011 | Reader Services  |
| 215012 | Psychological  |
| 215013 | Speech-language Pathology |
| 215015 | Rehabilitation counseling  |
| 215017 | Parent counseling and training  |
| 215018 | Counseling  |
| 215020 | Recreational  |
| 215021 | Special Transportation  |
| 215022 | Social Work  |
| 215026 | School health services  |
| 215027 | School nurse services  |
| 215023 | Other  |

Assessment Codes

Required Test Type Element . Reminder – the test type and accommodations are based on the needs of the student as determined by the IEP team, and NOT the potential of the student’s score helping or hurting a district’s AYP performance. In general, the test type required by an IEP affects all tests to be taken by the student, including both classroom assessments and standardized tests such as the OAT.

STR Standard (regular)

ALT Alternate Assessment (Standards-based alternate assessment) as required by IEP

STA Standard with Accommodations

**Accommodations**

Y1 504 plan accommodations

Y2 IEP accommodations

Y3 LEP accommodations other than the use of a dictionary and/or extended time

***Student Special Education Graduation Requirement Record Data Elements***

**Assessment Area Code**- A code that identifies the assessment area (subject) for which the student has been granted a graduation exemption or is no longer exempt.

**Assessment Type Code -** The code used to indicate the type of graduation assessment for which the student has been granted a graduation exemption or is no longer exempt.

**Exemption Flag -** Indicates the status of the graduation exemption for the reported Assessment Type/Area as determined by the student’s IEP team. “Y” indicates that the student does not need to score proficient or above on the assessment to graduate.

**IEP Date** - Date of the IEP, as reported on the Special Education (GE) record, on which the graduation assessment requirement was determined.

**IEP Date Type** Code -- Type of the IEP, as reported on the Special Education (GE) record, on which the graduation assessment requirement was determined.