APPENDIX L

Child Data File Extraction Form

Child ID	
Child Name	
Child's Teacher ID	
Child's Grade	
Child's Teacher's Name	
Child's School ID	
Child's School Name	
Child's Date of Birth	
Child's gender	Female Male
Child's race	White African American Asian/Pacific Islander American Indian Multiracial Unknown
Child's ethnicity	Hispanic Non-Hispanic Unknown
Child has an IEP?	Yes No
If yes, indicate disability	Developmental disability Educational disability Emotional disability Hearing disability Language/Speech disability Other (Autism, Deaf-Blind, Traumatic Brain Injury)
Child in a remediation program?	Yes No
Area of remediation	Reading Math Other (specify)_____
Retained in kindergarten?	Yes No
Currently receiving services for English Language Learners	Yes No
In past received services for English Language Learners	Yes No
Number of missed school days (current year)	
Number of years in preschool	

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

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