

APPENDIX L

Child Data File Extraction Form

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| 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 | |