Name:	_ D.O.B	Date:	
Section 38: Required Early Childhood Special Education Data Collection			
Form modified April 2017 (Not a Component of the IEP)			
EARLY CHILDHOOD ENVIRONMENTS			
Complete this section at every IEP meeting for all 3-5 year old students (including those transitive years old as of December 1st).	oning to preschool from	EI prior to their 3 <sup>rd</sup> birthday and those attending kindergarten that are 5	
The environment should reflect both parent and LEA placements. Start at category A and report	rt child only in the first ap	pplicable environment.	
ONLY CHECK ONE BOX 1-19.			
CATEGORY A- THE CHILD ATTENDS BOTH A GENERAL EARLY CHILDHOOD PROGRAM and AN IN	TEGRATED PRESCHOOL	SPECIAL EDUCATION PROGRAM	
Name of General Early Childhood Program:			
$\square$ 1) A total of <u>at least 10 hours</u> per week and receives the majority of Sp Ed and related services	es in the general early ch	nildhood program	
$\square$ 2) A total of <u>at least 10 hours</u> per week and receives the majority of Sp Ed and related services	es in the integrated preso	chool Sp Ed program	
$\square$ 3) A total of <u>at least 10 hours</u> per week and receives the majority of Sp Ed and related services	es in <u>some other location</u>	1	
$\Box$ 4) A total of <u>less than 10 hours</u> per week and receives the majority of Sp Ed and related services	ces in the general early c	hildhood program	
☐ 5) A total of <u>less than10 hours</u> per week and receives the majority of Sp Ed and related services.	ces in the <u>integrated pres</u>	school Sp Ed program	
$\Box$ 6) A total of <u>less than 10 hours</u> per week and receives the majority of Sp Ed and related serving	ces in <u>some other locatio</u>	<u>on</u>	
CATEGORY B- THE CHILD ATTENDS a GENERAL EARLY CHILDHOOD PROGRAM (preschool or kin	ndergarten) BUT DOES No	OT ATTEND AN INTEGRATED PRESCHOOL SPECIAL EDUCATION PROGRAM	
Name of General Early Childhood Program:			
$\Box$ 7) At least 10 hours per week and receives the majority of Sp Ed and related services in the g	eneral early childhood p	<u>rogram</u>	
$\square$ 8) At least 10 hours per week and receives the majority of Sp Ed and related services in some	other location		
$\square$ 9) Less than 10 hours per week and receives the majority of Sp Ed and related services in the	general early childhood	program	
$\Box$ 10) Less than 10 hours per week and receives the majority of Sp Ed and related services in <u>so</u>	me other location		

CATEGORY C- THE CHILD ATTENDS AN INTEGRATED PRESCHOOL SPECIAL EDUCATION PROGRAM BUT DOES NOT ATTEND A GENERAL EARLY CHILDHOOD PROGRAM
Name of Integrated Preschool Special Education Program:
☐ 11) At least 10 hours per week and receives the majority of Sp Ed and related services in the integrated preschool Sp Ed program
☐ 12) At least 10 hours per week and receives the majority of Sp Ed and related services in some other location
☐ 13) Less than 10 hours per week and receives the majority of Sp Ed and related services in the integrated preschool Sp Ed program
☐ 14) Less than 10 hours per week and receives the majority of Sp Ed and related services in some other location
CATEGORY D- THE CHILD DOES NOT ATTEND A GENERAL EARLY CHILDHOOD PROGRAM OR AN INTEGRATED PRESCHOOL SPECIAL EDUCATION PROGRAM BUT DOES ATTEND A SEPARATE SPECIAL EDUCATION PROGRAM (self-contained preschool or kindergarten)
☐ 15) The child receives the majority of Sp Ed and related services in a <u>separate class</u>
☐ 16) The child receives the majority of Sp Ed and related services in a separate school
□ 17) The child receives the majority of Sp Ed and related services in a <u>residential facility</u>
CATEGORY E. THE CHILD DOES NOT ATTEND A GENERAL EARLY CHILDHOOD PROGRAM OR AN INTEGRATED PRESCHOOL SPECIAL EDUCATION PROGRAM, NOR A SEPARATE SPECIAL EDUCATION PROGRAM (preschool or kindergarten aged student)
☐ 18) The child receives the majority of Sp Ed and related services in the <u>home or the caregiver's home</u>
□ 19) The child receives the majority of Sp Ed and related services in service provider location or other location not in any other category
EARLY INTERVENTION TRANSITION: Complete this section for all students transitioning from Early Intervention but only if this is their Initial IEP.
WAS THE INITIAL IEP IMPLEMENTATION DATE ON OR BEFORE THE CHILD'S 3RD BIRTHDAY
IF YOU ANSWERED NO TO THE QUESTION ABOVE, PLEASE CHECK THE REASON FOR THE DELAY?
□ Delay Reason #1- Child turned 3 during period of school closing (weekends, holidays and vacations when child is ineligible for ESY during that period)
☐ Delay Reason #2- Parental refusal to provide consent for evaluation or initial service
□ Delay Reason #3- Repeated parental failure to produce child for evaluations
□ Delay Reason #4 -Relocation of family to new LEA during transition process
□ Delay Reason #5- Other (must specify reason):