

Kern County Consortium SELPA

STUDENT INFORMATION SYSTEM  
DATA COLLECTION FORM

SELPA ID# \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CSIS ID # \_\_\_\_\_

Student Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

AKA: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M / F

Language \_\_\_\_\_ ELL T / F Entry Date: \_\_\_\_\_

Ethnicity 1 \_\_\_\_\_ Ethnicity 2 \_\_\_\_\_ Ethnicity 3 \_\_\_\_\_ Ethnicity 4 \_\_\_\_\_ Ethnicity 5 \_\_\_\_\_ Ethnicity 6 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Lives With \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Location of Home \_\_\_\_\_

Home Language \_\_\_\_\_ Residential Status \_\_\_\_\_ Surrogate Parent T / F

District of Residence \_\_\_\_\_ Effective Date \_\_\_\_\_

District of Attendance \_\_\_\_\_ Interdistrict T / F Inter SELPA T / F SELPA from \_\_\_\_\_

Disability \_\_\_\_\_ Plan Type \_\_\_\_\_

Last IEP \_\_\_\_\_ Last Evaluation \_\_\_\_\_ Next IEP \_\_\_\_\_

Last IFSP \_\_\_\_\_ Last ITP \_\_\_\_\_ Next ISP \_\_\_\_\_

SELPA Placement Code \_\_\_\_\_ Service Provider \_\_\_\_\_ Class Location \_\_\_\_\_ School Type \_\_\_\_\_

Teacher \_\_\_\_\_ Prin./Coord. \_\_\_\_\_

Grade \_\_\_\_\_ Time out of regular class \_\_\_\_\_ %

Transportation \_\_\_\_\_ Method/Trans \_\_\_\_\_ Preschool Setting \_\_\_\_\_ E.S.Y. T / F

STAR: Participation Code \_\_\_\_\_ Alternate Assessment \_\_\_\_\_

Infants Only: Ref. Date: \_\_\_\_\_ Solely Low Incidence T / F Transition Planning Date: \_\_\_\_\_

Agency: KRC: T / F CCS: T / F AB2726: T / F Workability: T / F Migrant: T / F Title I: T / F Military: T / F

-----CDE CODES-----	Service 1 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____
	Service 2 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____
	Service 3 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____
	Service 4 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____
	Service 5 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____
	Service 6 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____
	Service 7 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____
	Service 8 _____	Service Provider _____	Enrollment _____	Teacher _____	Prin./Coord _____

Exit Date \_\_\_\_\_ Exit Reason \_\_\_\_\_ Move To: \_\_\_\_\_

Completed By \_\_\_\_\_ Date \_\_\_\_\_