Data Standard KY Consent for Evaluation Rev. 7/3/2023

Overview

Standard prepared by:

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Data steward(s)

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Revision history:

July 3, 2023 Updated Campus Path to Classic View Added Search Terms Updated The Kentucky Administrative Regulations Link Updated Special Education Resources for Using Infinite Campus (IC) Link Updated all screenshots.

March 7, 2023 Updated Visuals.

September 16, 2022 Updated Visuals.

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Description

The purpose of the Special Education Data Standards document is to give Kentucky schools and districts a set of guidelines for entering data into the student information system. This document provides a series of screen shots from the Kentucky Student Information System (KSIS), also known as Infinite Campus (IC) and an explanation of the data elements required for state and federal reporting needs. Data standardization is important to ensure consistency in the data across schools in districts and across districts throughout the state.

Within this document, the use of italicized font is being used to denote titles of documents, reports and selection options within IC.

Regulation citation(s)

• The Kentucky Administrative Regulations

Data use

Data are used to meet Federal Reporting Requirements under Sec. 618 of the IDEA:

- December 1 Child Count
- Special Education Exit Report
- Special Education Behavior/Safe Schools Report
- Consolidated Coordinated Early Intervening Services (CCEIS)
- Annual Determinations
- State Performance Plan/Annual Performance Report (SPP/APR)

Related ad-hoc filters and reports

- KY State Reporting
 - IDEA Dec 1 Count Extract
 - Special Ed Exit Report
 - SpEd_Evaluation_Detail
- KY State Reporting > KDE Reports
 - Alternate Assessment Tracking Report
 - QA SPED
- Student Information | Reports
 - Caseload Summary Report
 - Testing Accommodations (KY)

Training

Additional resources can be found on the <u>Special Education Resources for Using Infinite Campus (IC)</u> webpage.

Classic View: Student Information | Special Ed | General | Documents Search Terms:

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Section A – KY Consent for Evaluation

The KY Consent for Evaluation document is one of the lockable editor-based documents.

To create a KY Consent for Evaluation:

- 1. Go to Student Information | Special Ed | General | Documents
- 2. Click the New Document button
- 3. Select Create New Conference Summary/Evaluation
- 4. Select KY Consent for Evaluation
- 5. Click the Create Document button

Crea	ite New Document Wizard
	Please select one of the following documents:
	Create New Conference Summary/Evaluation: Conference Summary, Referral, Consent for Evaluation, Evaluation/Eligibility Determination
	KY Conference Summary
	KY Referral
	KY Consent for Evaluation
	KY Evaluation/Eligibility Determination
	Create New Plan: Goals and Objectives, Services, Accommodations, Transition, and Other Information
	Create New Progress Report: Report measurable progress against ongoing Plan Goals
	Create Custom Form: Notices, checklists, and supplemental forms
	Preview Custom Form in Draft Status: Text entered into the form is only for testing purposes and cannot be saved
	Create KY Summary Report: Overview of Special Education services including service-related dates.
	DOCUMENT SELECTED FOR CREATION: KY Consent for Evaluation
	Create Document Cancel

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Editor: Consent Header

Editor Home - KY Consent for Evaluation 0		
NAME		
Consent Header		
Enrollment Information		
Student Information		
Parent/Guardian Information		
Consent to Evaluate/Reevaluate		
Parental Consent		
Consent Header (NOT STARTED)	Editor 1	of 6
ARC Date *	Editor 1	of 6
		of 6
ARC Date * month/day/year	Evaluation Type *	of 6
ARC Date * month/day/year	Evaluation Type *	of 6
ARC Date * Month/day/year Image: Consent for Initial Evaluation Month/day/year Image: Consent for Evaluation Date of Revocation of Consent for Evaluation	Evaluation Type *	of 6
ARC Date * month/day/year Date of Consent for Initial Evaluation month/day/year	Evaluation Type *	of 6
ARC Date * Month/day/year Image: Consent for Initial Evaluation Month/day/year Image: Consent for Evaluation Date of Revocation of Consent for Evaluation	Evaluation Type *	of 6
ARC Date * month/day/year Image: Compare the second se	Evaluation Type *	of 6
ARC Date * month/day/year Image: Compare the second se	Evaluation Type *	of 6
ARC Date * month/day/year Image: Compare the second se	Evaluation Type *	of 6

ARC Date: This is the initial date the ARC met to plan the evaluation or reevaluation.

Evaluation Type: The choices are *Initial Evaluation* or *Reevaluation*. If the student is not currently receiving special education services in Kentucky, choose *Initial Evaluation*. If the student is in special education, choose *Reevaluation*, even if the student is being evaluated for a separate or different disability.

Note: When an additional disability category is being considered for students receiving services for Speech/Language Impairment (SLI), a reevaluation for speech must be conducted. If the student is determined eligible in the new category, speech/language will become a related service.

Note: If a student transfers from out of state, the evaluation type must be "*Initial Evaluation*". These students will be subject to the 60-day timeline for Indicator 11.

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Date of Consent for Initial Evaluation: This is the date the Consent to Evaluate/Reevaluate form was signed by the parents to conduct an Initial Evaluation. This is the start of the 60-school day period for evaluation.

Note: This must be populated for the record to be identified in the *SpEd_Evaluation_Detail* report for Indicator 11.

Date of Consent for Reevaluation: This is the date the Consent to Evaluate/Reevaluate form was signed by the parents to conduct the Reevaluation.

Date of Revocation of Consent for Evaluation: This is the date the parent revokes consent for evaluation. When a date is entered, this will auto-populate to the bottom of the Consent Form.

Reason for Revocation of Consent for Evaluation: Enter the parent/guardian reason for revoking consent to evaluate. This text field will print to the bottom of the Consent Form. **Note:** The Save button MUST be clicked before proceeding.

Save & Next				
Save				
Save & Stay	•	Cancel	Complete	

Editor: Enrollment Information

Enrollment Information (NOT STARTED)			Editor 3 of 14
Click Refresh to retrieve a new copy of data from a selecte Grade	ed Enrollment record. School Name	School Phone	
District Information			
District Number District Address	District Name	District Phone	
District SPED Address		District SPED Phone	

Always click the *Refresh* button to update the student's Enrollment Information.



Note: The Save button MUST be clicked before proceeding.



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Editor: Student Information

Editor Home - KY Conse	ent for Evaluation		
NAME			
Consent Header			
Enrollment Information			
Student Information			
Parent/Guardian Information			
Consent to Evaluate/Reevaluate			
Parental Consent			
Student Information (IN PROGRESS))		Editor 3 of 6
When an Evaluation is generated, a snapsh	ot of the student's information is taken from C	ensus. Click Refresh to retrieve a new copy o	f data.
Last Name Aaron	First Name Student	Middle Name	Suffix
Gender M	Birthdate 01/01/1977		
Race, Ethnicity 6: White	Primary Mode of Communication of the Student		
	•		
Address ,	•	Student Number 2121113526	State ID 2121113526
Address ,	· · · · · · · · · · · · · · · · · · ·		
	· · ·		
Address , Case Manager Information	· · ·	2121113526	
Address , Case Manager Information Name		2121113526	
Address , Case Manager Information Name	· · ·	2121113526	
Address , Case Manager Information Name	· · ·	2121113526	
Address , Case Manager Information Name	· · · ·	2121113526	

Always click the *Refresh* button to update Student Information.



Primary Mode of Communication of the Student: This is the only editable field in this editor. Select the student's preferred language.

Note: The Save button MUST be clicked before proceeding.

Save & Next				
Save				
Save & Stay	•	Cancel	Complete	•

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Editor: Parent/Guardian Information

Parent/Guardian Information (IN PROGRESS		Editor 4 of 6
When an Evaluation is generated, a snapsh the student display below. Click Refresh to		from Census. Individuals with the Guardian checkbox marked on the Relations	nip tool for
Foster, Meagan - Mother, natural/adop			
Print Sequence T Address			Delete
Home Phone	Work Phone	Cell Phone	
E-mail			

Always click the *Refresh* button to update Parent/Guardian Information.

Save & Stay	•	Refresh	Cancel	Complete

Note: The Save button MUST be clicked before proceeding.



Editor: Consent to Evaluate/Reevaluate

Consent to Evaluate/Reevaluate (NOT STARTED)	Editor 5 of 6
Suspected Disability: Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.	
Select disability area(s) for 'Developmental Delay':	
Select disability area(s) for 'Specific Learning Disability:	
Select disability area(s) for 'Speech or Language Impairment':	
For each evaluation (Initial or Reevaluation), mark 'X' for the assessment components determined to be addressed within the multidisciplinary assessment. Mark 'E' if th exists within the educational records of the student and will be considered.	e assessment

Suspected Disability: Select all suspected disabilities. If *Speech or Language Impairment* will be considered as <u>either</u> a primary disability <u>or</u> a related service, choose it as a *Suspected Disability*.

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Suspected Disability: Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.		
Autism		
Deaf-Blindness		
Developmental Delay	- 1	
Emotional-Behavioral Disability		
Functional Mental Disability		

If Multiple Disabilities (MD) are suspected, select *Multiple Disabilities* as well as the specific underlying disability categories.

Suspected Disability:	you may choose additional specific disabilities by clicking again in the white area.
Multiple Disabilities 🛞 Visual Impairment 😵	
Select disability area(s) for 'Developmental Delay':	
Select disability area(s) for 'Specific Learning Disability':	
Select disability area(s) for 'Speech or Language Impairn	ient':
For each evaluation (Initial or Reevaluation), mark	'X' for the assessment components determined to be addressed within the multidisciplinary assessment. Mark 'E' if the assessment
exists within the educational records of the stude	nt and will be considered.

Reminder: Please be aware that some combinations are not appropriate for MD. Please see 707 KAR 1:002, Section 1 (39) and the Multiple Disabilities Eligibility Determination (ky.gov) for more information.

Select disability area(s) for 'Developmental Delay': If Suspected Disability is "Developmental Delay", select all areas that are suspected.

Suspected Disability: Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.	
Developmental Delay 😵	×
Select disability area(s) for 'Developmental Delay':	
Cognition	Í
Motor development	
Self-help/adaptive behavior	
Communication	
Social-emotional development	ıt

Select disability area(s) for 'Specific Learning Disability': If Suspected Disability is "Specific Learning Disability", select all areas that are suspected.

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Suspected Disability:	
Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.	
Specific Learning Disability 😒	×
Select disability area(s) for 'Developmental Delay':	
Select disability area(s) for 'Specific Learning Disability':	
Oral Expression	
Written Expression	
Reading Fluency Skills	ıt
Mathematics Calculation	
Listening Comprehension	

Select disability area(s) for 'Speech or Language Impairment': If Suspected Disability is "Speech or Language Impairment", select all areas that are suspected.

Suspected Disability: Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.	
Speech or Language Impairment 😒]
Select disability area(s) for 'Developmental Delay':	
]
Select disability area(s) for 'Specific Learning Disability':	
]
Select disability area(s) for 'Speech or Language Impairment':	
]
Speech Sound Production and Use	it
Language	
Fluency	
Voice	

FOR EACH EVALUATION (INITIAL OR REEVALUATION), mark 'X' for the assessment components determined to be addressed within the multidisciplinary assessment. Mark 'E' if the assessment exists within the educational records of the student and will be considered.

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Health, Vision, Hearing, and Motor Abilities	
X E Medical / Health Evaluation Functional Vision / Learning Media Assessment Braille Skills Inventory Fine Motor Occupational Therapy Behavior Observation	X E VIsion Exam Orientation and Mobility Hearing Gross Motor Physical Therapy Assistive Technology Other
Academic Performance	
x E Basic Reading Reading Fluency Math Reasoning Listening Comprehension Performance Based Tests Curriculum Based Tests Behavior Observation Behavior Observation	X E Reading Comprehension Math Calculation Oral Expression Written Expression Criterion Referenced Tests Norm-Referenced Tests Other
General Intelligence	
X E Cognitive / Intellectual Assessment (aptitude and mental processing) Behavior Observation Other Other	
Social and Emotional Status	
x E Adaptive Behavior / Self-Help Behavior observation Behavior Rating Scale Functional Behavioral Assessment Other	
Communication Status	
x ¢ Receptive Language Speech Sound Production Fluency Hearing Augmentative Communication	X E C Expressive Language Voice Oral Mechanism Behavior Observation Other
Vocational Evaluation/Transition Needs	
X E Output Vocational Aptitude Interest Inventory Learning Style Behavior Observations Other	
Other	
x E Social and Developmental History IEP Progress Data RT Dota State Assessment Data Developmental Assessment Other	

List the recommendations for student needs (e.g., glasses, hearing aids), any modifications/adaptations of evaluation instruments, procedures, or settings to be used for the evaluation. i.e., native language, mode of communication, cultural factors	
	4
List existing reports/assessment data, which will be used as part of the multi-disciplinary assessment.	
	1

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List the recommendations for student needs (e.g., glasses, hearing aids), any modifications/adaptations of evaluation instruments, procedures, or settings to be used for the evaluation (i.e., native language, mode of communication, cultural factors).

List existing reports/assessment data, which will be used as part of the multi-disciplinary assessment.

Note: The Save button MUST be clicked before proceeding.



Editor: Parental Consent

Parental Consent (NOT STARTED)	Editor 6 of 6
The parent agrees for evaluation in each of the ARC selected area(s) for assessment indicated on the Consent to Evaluate/Reevaluate editor.	
Yes, I understand the above information and do give my consent for a full individual evaluation in the area(s) listed above.	
For Reevaluation purposes, I acknowledge that there is no additional data needed to determine that my child/student continues to be a child/student with an educa disability. I have been informed of the reasons no additional data is needed. I understand that I may request further assessment should I feel it is needed.	ational
No, I understand the above information and do not give my consent.	

Select the appropriate option.

Note: The Save button MUST be clicked before proceeding.



Once the *KY Consent to Evaluate* is completed, select the *Documents* tab. Select the *KY Consent to Evaluate* document and then select the *Lock/Unlock* button to lock it

