

**Section 38: Required Early Childhood Data Collection. Please complete or update at every IEP meeting.
(Not a Component of the IEP)**

EARLY CHILDHOOD ENVIRONMENTS:

A Regular Early Childhood Program is defined as a program that includes **51% or more non-disabled children**.

An Early Childhood Special Education Program is defined as a program that includes special education and related services provided in settings with **50% or less non-disabled children**.

Please Report Child in only 1 Category, either 38a, 38b or 38c.

38a Does This Child Attend a Regular Early Childhood Setting? No, please skip to section 38b Yes, please complete this section only

⇒**Total Hours Per Week in Regular Early Childhood Program:** _____ (hours reflect both parentally placed and placed by LEA)

Please indicate type of Regular Early Childhood Program:

Head Start **Kindergarten** **Private Preschool** **Early Care and Education Center** **Integrated Preschool within School District**

38b Does This Child Attend an Early Childhood Special Education Program? No, please skip to section 38c Yes, please complete this section only

Please indicate type of Early Childhood Special Education Program: **Separate Class** **Separate School** **Residential Facility**

Separate class includes special education classes in regular school buildings, trailers outside of regular school buildings, childcare facilities, hospital facilities on an outpatient basis, and other community-based settings.

38c This Child Does Not Attend Either a Regular Early Childhood Setting or an Early Childhood Special Education Program.

Please indicate *where* the child receives some or all of their special education services: **Home** **Service Provider Location**

EARLY CHILDHOOD TRANSITION: (Complete at Initial IEP only)

Did this child ever receive Early Intervention Services? No Yes, and is being transitioned from EI Yes, but exited prior to referral to Part B

Date the IEP Team met to write the original IEP _____ **Effective date** of the child's original IEP (date first service began) _____

FOR EARLY INTERVENTION TRANSITION ONLY: If the **effective date** of the child's original IEP (date first service began) was not on or before the child's 3rd birthday, why?

Late referral (less than 90 days before 3rd birthday) Parent Choice

Child turns three during a period of school closing such as summer or vacation (and child is not eligible for ESY during that period).

Other (Must specify reason) _____

Meeting Date(s)	Name/ Date of Birth:	page ____	of ____
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