

State Performance Plan Indicator 14 Grade 12 Exiting Demographic Information

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Indicator 14: Percent of youth who are no longer in secondary school, had Individualized Education Programs (IEPs) in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
 - B. Enrolled in higher education or competitively employed within one year of leaving high school.
 - C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.
- (20 U.S.C. 1416(a)(3)(B))

Data are submitted online through the SPP14 application on TEASE at <https://seguin.tea.state.tx.us/apps/logon.asp>
Please complete all sections of this form. This form includes all information needed although the information is not in the same order as in the TEASE application data entry.
Check data for accuracy. Maintain form for audit purposes.

School Year _____

School District Name: _____ Campus Name: _____

County District Number: _____ (6 digits) Campus Number: ____ (3 digits)

ESC Region Number (1-20): _____

Student's First Name: _____ Student's Last Name: _____

Student's SSN/Alt ID: _____ (9 digits) Student's Date of Birth: _____

Section One: Student's Contact Information

Student's Contact Information (Please Print)

_____ Address in USA _____ Address outside USA

Student's First Name:	Street Address:
Student's Last Name:	Address Line 2:
Student's Telephone Number: Home: () -	Address Line 3:
Work: () -	City
Cell: () -	State:
Primary Email:	Zip Code:
Secondary Email:	Country:

Parent/Guardian/or Emergency Contact Information (Please Print)

_____ Address in USA _____ Address outside USA

Parent's First Name:	Street Address:
Parent's Last Name:	Address Line 2:
Parent's Telephone Number: Home: () -	Address Line 3:
Work: () -	City
Cell: () -	State:
Primary Email:	Zip Code:
Secondary Email:	Country:

Additional Contact Information: (Someone who will know how to contact the student one year from now.)

_____ Address in USA _____ Address outside USA

First Name:	Street Address:
Last Name:	Address Line 2:
Telephone Number	Address Line 3:
Home: () -	City
Work: () -	State:
Cell: () -	Zip Code:
Primary Email:	Country:
Secondary Email:	

Section Two: Student's Demographic Information

(1) Student's Gender (Check One)

- _____ Male
 _____ Female

(2) Student's Ethnicity (Check One)

- _____ Two or more
 _____ American Indian or Alaska Native
 _____ Asian
 _____ Black or African American
 _____ Native Hawaiian/Other Pacific Islander
 _____ White
 _____ Hispanic/Latino

(3) Student's Primary Disability (Check One)

- | | |
|-----------------------------|---------------------------------------|
| _____ Auditory Impairment | _____ Non Categorical Early Childhood |
| _____ Autism | _____ Other Health Impairment |
| _____ Deaf-Blindness | _____ Orthopedic Impairment |
| _____ Emotional Disturbance | _____ Speech Impairment |
| _____ Learning Disabled | _____ Traumatic Brain Injury |
| _____ Mental Retardation | _____ Visual Impairment |

(4) Student's Instructional Setting (Check One)

- _____ No instructional setting (such as Speech only) (00)
 _____ Homebound (01)
 _____ Hospital class (02)
 _____ Vocational Adjustment Class/Program (08)
 _____ State School for Persons with Mental Retardation (30)
 _____ Mainstream (40)
 _____ Resource Room less than 21% (41)
 _____ Resource Room at least 21% and less than 50% (42)
 _____ Self contained class, Mild/Moderate/Severe, regular campus for at least 50%, less than 60% (43)
 _____ Self contained class, Mild/Moderate/Severe, regular campus greater than 60% (44)

- Residential Nonpublic School Program (50)
- Nonpublic Day School (60)
- Texas School for the Blind and Visually Impaired (70)
- Texas School for the Deaf (71)
- Residential Care and Treatment, Mainstream (81)
- Residential Care and Treatment, Resource Room less than 21% (82)
- Residential Care and Treatment, Resource Room 21%-49% (83)
- Residential Care and Treatment, Self contained, Regular Campus 50%-60% (84)
- Residential Care and Treatment, Self contained, Regular Campus greater than 60% (85)
- Residential Care and Treatment, Separate Campus (86)
- Residential Care and Treatment, Community Class (87)
- Residential Care and Treatment, Vocational Adjustment Class Program (88)
- Residential Care and Treatment, Full Time, Early Childhood Special Education Setting (89)
- Off Home Campus, Mainstream (91)
- Off Home Campus, Resource Room less than 21% (92)
- Off Home Campus, % Resource Room 21%-49% (93)
- Off Home Campus, Self contained, Regular Campus 50-60 (94)
- Off Home Campus, Self contained, Regular Campus 60% (95)
- Off Home Campus, Separate Campus (96)
- Off Home Campus, Community Class (97)
- Off Home Campus, Full Time, Early Childhood Special Education Setting (98)

Section 3: Student's Demographic Information regarding Exit from high school

(1) Manner in which the student will exit high school? (Check One)

- Minimum High School Program **pass TAKS****
- Minimum High School Program: **through IEP** (job, supported employment, agency)
- Minimum High School Program: **age out** (no longer eligible for services)
- Recommended High School Program**
- Distinguished Achievement Program**
- Student has dropped out
- Other (for example: withdrawn, deceased, etc.)

**This also includes those students whose ARDC determined that meeting the passing standard is not a graduation requirement for those students entering grade 9 prior to 2008-2009.

(2) What post-school goals are included in the student's IEP for the period immediately following exit from high school? (Check all that apply)

- Enroll in training/technical school, community college or university
- Competitive employment (including military)
- Develop functional and/or independent living skills
- Postsecondary goals were not included