

School Profile 2 - Enrollment Data End-of-Year Data Collection 2024 - 2025

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Use the TAB Key to move from field to field, not the ENTER Key

(Totals are automatically calculated.)

(Background color if related counts are inconsistent.)

Male and Female Student Enrollment by Gender/Ethnicity/Race

Enrollment Data is based upon the September 30 Fall Membership Count.

Enter a number, *not* a percentage, zero if none.

All fields must be completed before Final Submit.

Male Students

Hispanic/Latino:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Female Students

Hispanic/Latina:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Two or More Races:

Male Student Total Enrollment:

Two or More Races:

Female Student Total Enrollment:

Total Student Enrollment:

IEPs and 504 Plans by Gender/Ethnicity/Race

IEP and 504 Data is based upon the December 1 Special Education Child Count.

Notably, 504 data are not included in the December 1 count and should be counted separately.

Enter a number, *not* a percentage, zero if none.

All fields must be completed before Final Submit.

Male Students with IEP or 504 Plan

Hispanic/Latino:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Two or More Races:

Male IEP/504 Total Enrollment:

Female Students with IEP or 504 Plan

Hispanic/Latina:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Two or More Races:

Female IEP/504 Total Enrollment:

Total Students with IEPs or 504 Plans:

Students with an IEP/504 Plans Primary Disability

Each Student without an IEP who has a 504 plan should be counted in the **All 504 Impairments** category.

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Autism (AUT):

Deaf-Blindness (DB):

Developmental Delay (DD):

Emotional Disability (ED):

Hearing Impairment, Including Deafness (HI):

Intellectual Disability (ID):

Multiple Disabilities (MD):

Orthopedic Impairment (OI):

Other Health Impairment (OHI):

Specific Learning Disabilities (SLD):

Speech or Language Impairment (SLI):

Traumatic Brain Injury (TBI):

Visual Impairment, Including Blindness (VI):

All 504 Impairments:

Total IEP/504 Plans Primary Disability:

↑ Must Match ↓

Total Students with IEPs or 504 Plans:

Student Enrollment by Number of Behavior Incidents

Student Enrollment by Number of Office Discipline Referrals (ODRs)

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Number of Students with 0 ODRs:

Number of Students with 1 ODR:

Number of Students with 2-5 ODRs:

Number of Students with 6+ ODRs:

Students with IEPs or 504 Plans by Number of Office Discipline Referrals (ODRs)

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Number of Students with IEPs or 504 Plans with 0 ODRs:

Number of Students with IEPs or 504 Plans with 1 ODR:

Number of Students with IEPs or 504 Plans with 2-5 ODRs:

Number of Students with IEPs or 504 Plans with 6+ ODRs:

Student Enrollment by Number of In School Suspensions (ISSs)

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Number of Students with 0 ISSs:

Number of Students with 1 ISS:

Number of Students with 2-5 ISSs:

Number of Students with 6+ ISSs:

Students with IEPs or 504 Plans by Number of In School Suspensions (ISSs)

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Number of Students with IEPs or 504 Plans with 0 ISSs:

Number of Students with IEPs or 504 Plans with 1 ISS:

Number of Students with IEPs or 504 Plans with 2-5 ISSs:

Number of Students with IEPs or 504 Plans with 6+ ISSs:

Student Enrollment by Number of Out of School Suspensions (OSSs)

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Number of Students with 0 OSSs:

Number of Students with 1 OSS:

Number of Students with 2-5 OSSs:

Number of Students with 6+ OSSs:

Students with IEPs or 504 Plans by Number of Out of School Suspensions (OSSs)

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Number of Students with IEPs or 504 Plans with 0 OSSs:

Number of Students with IEPs or 504 Plans with 1 OSS:

Number of Students with IEPs or 504 Plans with 2-5 OSSs:

Number of Students with IEPs or 504 Plans with 6+ OSSs:

Additional Student Information

Enter a number, *not* a percentage, zero if none.
All fields must be completed before Final Submit.

Number of Students Referred for Special Education Services During the Academic Year:

Number of Students who were Evaluated for Special Education Services During the Academic Year:

Number of Students Found Eligible for Special Education Services During the Academic Year:

	Breakout of Students Referred for Special Education Services During the Academic Year.	Breakout of Students Evaluated for Special Education Services During the Academic Year.	Breakout of Students Found Eligible for Special Education Services During the Academic Year.
Hispanic/Latino:	<div></div>	<div></div>	<div></div>
American Indian/Alaska Native:	<div></div>	<div></div>	<div></div>
Asian:	<div></div>	<div></div>	<div></div>
Black or African American:	<div></div>	<div></div>	<div></div>
Native Hawaiian:	<div></div>	<div></div>	<div></div>
White:	<div></div>	<div></div>	<div></div>
Two or More Races:	<div></div>	<div></div>	<div></div>

Click 'Save' to save your changes so far and return to the Control Page.

Save