

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1994-95 July 1, 1994
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<b>Element Name:</b> Federal/State Project - Support Services																													
<b>Definition/Domain</b>																													
<p>This data element is used to record the type(s) of Title 1 or Title 1 Migrant funded support services provided to any Title 1 Basic, Title 1 migrant or State Migrant participants. It is also used to record the type(s) of Homeless Children and Youth program funded support services provided to any student who receives services under the Stewart B. McKinney Act, P.L. 101-645. Codes consist of one-character fields which may occur a maximum of four times. Allowable support services codes are as follows:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> <th style="text-align: left;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td><b>A</b></td> <td>Attendance, Guidance, Psychological Services</td> <td><b>S</b></td> <td>Social Work</td> </tr> <tr> <td><b>D</b></td> <td>Dental Services</td> <td><b>T</b></td> <td>Transportation</td> </tr> <tr> <td><b>H</b></td> <td>Health Services</td> <td><b>X</b></td> <td>Needs Assessment</td> </tr> <tr> <td><b>N</b></td> <td>Nutrition</td> <td><b>Q</b></td> <td>Other</td> </tr> <tr> <td><b>O</b></td> <td>Advocacy, Outreach</td> <td><b>Z</b></td> <td>Not Applicable</td> </tr> <tr> <td><b>R</b></td> <td>At-risk</td> <td></td> <td></td> </tr> </tbody> </table> <p>Examples:</p> <p><b>AHZZ</b> Student received support services in Guidance and Health</p> <p><b>ZZZZ</b> Not applicable. (Student did not receive support services.)</p>		<u>CODE</u>	<u>DEFINITION</u>	<u>CODE</u>	<u>DEFINITION</u>	<b>A</b>	Attendance, Guidance, Psychological Services	<b>S</b>	Social Work	<b>D</b>	Dental Services	<b>T</b>	Transportation	<b>H</b>	Health Services	<b>X</b>	Needs Assessment	<b>N</b>	Nutrition	<b>Q</b>	Other	<b>O</b>	Advocacy, Outreach	<b>Z</b>	Not Applicable	<b>R</b>	At-risk		
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<b>Length:</b> 4	<b>Grades and Programs Requiring This Data Element:</b>																												
<b>Format:</b> Alphanumeric	All Programs Grades PK-12																												
<b>Compatibility Requirement:</b> Compatible																													
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>																												
<input checked="" type="checkbox"/> State Report <input type="checkbox"/> Postsecondary Transcript <input checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> District Records Transfer <input type="checkbox"/> Permanent Record	Federal/State Compensatory Project Evaluation DB9 18x																												
<b>Data Element Number:</b> 122160	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 9																												
<b>Revised:</b> 4/95	<b>Volume I      Effective: 7/99      Page Number: 84-9</b>																												