**P20 Longitudinal Data System – Student Data Points**

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| Ability Grouped Status | Absent Attendance Categories |
| Academic Honors Type | Activity Code |
| Activity Curriculum Type | Activity Involvement Beginning Date |
| Activity Involvement Ending Date | Activity Leadership/Coordinator Participation Level |
| Activity Level | Activity Title |
| Activity Type | Additional Geographic Designation |
| Additional Post-school Accomplishments | Additional Special Health Needs, Information, or Instructions |
| Address Type | Admission Date |
| Admission Status | Ala Carte Non-Reimbursable Purchase Price |
| Alias | Allergy Alert |
| American Indian or Alaska native | Amount of Activity Involvement |
| Amount of Non-school Activity Involvement | Apartment/Room/Suite Number |
| Asian | Assessment Reporting Method |
| Assignment | Assignment Finish Date |
| Assignment Number of Attempts | Assignment Type |
| Assignment/Activity Points Possible | At-Risk Indicator |
| At-Risk Status | Attendance Description |
| Attendance Status Time | Awaiting Initial Evaluation for Special Education |
| Base Salary or Wage | Birthdate |
| Black or African American | Boarding Status |
| Born Outside of the U.S. | Building/Site Number |
| Bus Route ID | Bus Stop Arrival Time |
| Bus Stop Description | Bus Stop Distance |
| Bus Stop from School ID | Bus Stop to School Distance |
| Bus Stop to School ID | Career and Technical Education Completer |
| Career Objectives | Change in Developmental Status |
| Citizenship Status | City |
| City of Birth | Class Attendance Status |
| Class Rank | Cohort Year |
| Community Service Hours | Compulsory Attendance Status at Time of Discontinuing School |
| Condition Onset Date | Corrective Equipment Prescribed |
| Corrective Equipment Purpose | Country Code |
| Country of Birth Code | Country of Citizenship Code |
| County FIPS (Federal Information Processing Standards) Code | County of Birth |
| CTE Concentrator | CTE Participant |
| Daily Attendance Status | Day/Evening Status |
| Days Truant | Death Cause |
| Death Date | Developmental Delay |
| Diagnosis of Causative Factor (Condition) | Dialect Name |
| Diploma/Credential Award Date | Diploma/Credential Type |
| Discontinuing Schooling Reason | Diseases, Illnesses, and Other Health Conditions |
| Displacement Status | Distance From Home to School |
| Dwelling Arrangement | Dwelling Ownership |
| Early Intervention Evaluation Process Description/Title | Economic Disadvantage Status |
| Education Planned | Electronic Mail Address |
| Electronic Mail Address Type | Eligibility Status for School Food Service Programs |
| Emergency Factor | Employment End Date |
| Employment Permit Certifying Organization | Employment Permit Description |
| Employment Permit Expiration Date | Employment Permit Number |
| Employment Permit Valid Date | Employment Recognition |
| Employment Start Date | End Date |
| End Day | End of Term Status |
| English Language Proficiency Progress/Attainment | English Proficiency |
| English Proficiency Level | Entry Date |
| Entry Type | Entry/Grade Level |
| Established IDEA Condition | Evaluated for Special Education but Not Receiving Services |
| Evaluation Date | Evaluation Extension Date |
| Evaluation Location | Evaluation Parental Consent Date |
| Evaluation Sequence | Exit/Withdrawal Date |
| Exit/Withdrawal Status | Exit/Withdrawal Type |
| Experience Type | Expulsion Cause |
| Expulsion Return Date | Extension Description |
| Family Income Range | Family Perceptions of the Impact of Early Intervention Services on the Child |
| Family Public Assistance Status | Federal Program Participant Status |
| Fee Amount | Fee Payment Type |
| Financial Assistance Amount | Financial Assistance Descriptive Title |
| Financial Assistance Qualifier | Financial Assistance Source |
| Financial Assistance Type | First Entry Date into a US School |
| First Entry Date into State | First Entry Date into the United States |
| First Name | Former Legal Name |
| Full Academic Year Status | Full-time Equivalent (FTE) Status |
| Full-time/Part-time Status | Future Entry Date |
| Generation Code/Suffix | Gifted and Talented Status |
| Gifted Eligibility Criteria | GPA Weighted |
| Grade Earned | Grade Point Average (GPA): Cumulative (High School) |
| Graduation Testing Status | Head of Household |
| Health Care History Episode Date | Health Care Plan |
| Health Condition Progress Report | Highest Level of Education Completed |
| Hispanic or Latino Ethnicity | Homeless Primary Nighttime Residence |
| Homeless Unaccompanied Youth Status | Homelessness Status |
| Honors Description | Hospital Preference |
| IDEA Status | Identification Code |
| Identification Procedure | Identification Results |
| Identification System | IEP Transition Plan |
| IFSP Goals Met | Illness Type |
| Immigrant Status | Immunization Date |
| Immunization Status | Immunization Type |
| Immunizations Mandated by State Law for Participation | Impact of Early Intervention Services on the Family |
| Individualized Program Date | Individualized Program Date Type |
| Individualized Program Type | Information Source |
| Initial Language Assessment Status | Injury Circumstances |
| Injury Description | In-school/Post-school Employment Status |
| Insurance Coverage | International Code Number |
| IP Address | Language Code |
| Language Type | Languages Other Than English |
| Last/Surname | Last/Surname at Birth |
| Length of Placement in Neglected or Delinquent Program | Length of Time Transported |
| Life Status | Limitation Beginning Date |
| Limitation Cause | Limitation Description |
| Limitation Ending Date | Limited English Proficiency Status |
| Marital Status | Marking Period |
| Maternal Last Name | Meal Payment Method (Reimbursable/Non-reimbursable) |
| Meal Purchase Price (Reimbursable) | Meal Service |
| Meal Service Transaction Date | Meal Service Transaction Type |
| Meal Type | Medical Laboratory Procedure Results |
| Medical Treatment | Medical Waiver |
| Middle Initial | Middle Name |
| Migrant Certificate of Eligibility (COE) Status | Migrant Classification Subgroup |
| Migrant Continuation of Services | Migrant Last Qualifying Arrival Date (QAD) |
| Migrant Last Qualifying Move (LQM) Date | Migrant Priority for Services |
| Migrant QAD from City | Migrant QAD from Country |
| Migrant QAD from State | Migrant QAD to City |
| Migrant QAD to State | Migrant Qualifying Work Type |
| Migrant Residency Date | Migrant Service Type |
| Migrant Status | Migrant to Join Date |
| Migratory Status | Military Service Experience |
| Minor/Adult Status | Multiple Birth Status |
| Name of Country | Name of Country of Birth |
| Name of Country of Citizenship | Name of County |
| Name of Institution | Name of Language |
| Name of State | Name of State of Birth |
| National/Ethnic Origin Subgroup | Native Hawaiian or Other Pacific Islander |
| NCLB Title 1 School Choice Eligible | NCLB Title 1 School Choice Offered |
| NCLB Title 1 School Choice Transfer | Neglected or Delinquent Below Grade Level Status |
| Neglected or Delinquent Pre-test and Post-test Status | Neglected or Delinquent Program Placement Duration Status |
| Neglected or Delinquent Program Type | Neglected or Delinquent Progress Level |
| Neglected or Delinquent Status | Nickname |
| Non-course Graduation Requirement Date Met | Non-course Graduation Requirement Scores/Results |
| Non-course Graduation Requirement Type | Nonpromotion Reason |
| Non-resident Attendance Rationale | Non-school Activity Beginning Date |
| Non-school Activity Description | Non-school Activity Ending Date |
| Non-school Activity Sponsor | Non-school Activity Type |
| Notice of Recommended Educational Placement Date | Number of Days Absent |
| Number of Days in Attendance | Number of Days of Membership |
| Number of Dependents | Number of Hours Worked per Weekend |
| Number of Hours Worked per Work Week | Number of Minutes per Week Included |
| Number of Minutes per Week Non-Inclusion | Number of Tardies |
| Other Name | Overall Diagnosis/Interpretation of Hearing |
| Overall Diagnosis/Interpretation of Speech and Language | Overall Diagnosis/Interpretation of Vision |
| Overall Health Status | Participant Role |
| Participation in School Food Service Programs | Payment Source(s) |
| Percentage Ranking | Personal Information Verification |
| Personal Title/Prefix | Placement Parental Consent Date |
| Planned Assessment Participation | Points/Mark Assistance |
| Points/Mark Value | Points/Mark Value Description |
| Postal Code | Post-school Recognition |
| Post-school Training or Education Subject Matter | Preparing for Nontraditional Fields Status |
| Present Attendance Categories | Primary Disability Type |
| Primary Telephone Number Status | Program Eligibility Date |
| Program Eligibility Expiration Date | Program Eligibility Status |
| Program Exit Reason | Program of Study Relevance |
| Program Participation Reason | Program Placement Date |
| Program Plan Date | Program Plan Effective Date |
| Progress Toward IFSP Goals and Objectives | Promotion Testing Status |
| Promotion Type | Public School Residence Status |
| Qualified Individual with Disabilities Status | Race |
| Reason for Non-entrance in School | Recognition for Participation or Performance in an Activity |
| Reevaluation Date | Referral Cause |
| Referral Completion Date | Referral Completion Report |
| Referral Date | Referral Purpose |
| Related Emergency Needs | Released Time |
| Religious Affiliation | Religious Consideration |
| Residence after Exiting/Withdrawing from School | Residence Block Number |
| Resident | Resource Check Out Date |
| Resource Due Date | Resource Title Checked Out |
| Responsible District | Responsible District Type |
| Responsible School | Routine Health Care Procedure Required at School |
| Safety Education Status | School Choice Applied Status |
| School Choice Eligible Status | School Choice Transfer Status |
| School District Code of Residence | School Food Services Eligibility Status Beginning Date |
| School Food Services Eligibility Status Determination | School Food Services Eligibility Status Ending Date |
| School Food Services Participation Basis | School Health Emergency Action |
| School ID from which Transferred | Score Interpretation Information |
| Score Results | Screening Administration Date |
| Screening Instrument Description/Title | Screening Location |
| Section 504 Status | Service Alternatives |
| Service Category | Service Plan Date |
| Service Plan Meeting Location | Service Plan Meeting Outcome |
| Service Plan Meeting Participants | Service Plan Signature Date |
| Service Plan Signatures | Sex |
| Social Security Number | Social Security Number (SSN) |
| Special Accommodation Requirements | Special Diet Considerations |
| Special Education FTE | Start Date |
| Start Day | State Abbreviation |
| State FIPS (Federal Information Processing Standards) Code | State of Birth Abbreviation |
| State Transportation Aid Qualification | State-assigned Code for Institution |
| State-assigned County Code | Street Number/Name |
| Student Program Status | Substance Abuse Description |
| Technology Literacy Status in 8th Grade | Telephone Number |
| Telephone Number Type | Telephone Status |
| Title I Instructional Services Received | Title I Status |
| Title I Supplemental Services: Applied | Title I Supplemental Services: Eligible |
| Title I Supplemental Services: Services Received | Title I Support Services: Services Received |
| Title III Immigrant Participant Status | Title III LEP Participation |
| Total Cost of Education to Student | Total Distance Transported |
| Total Number in Class | Transition Meeting Date |
| Transition Meeting Location | Transition Meeting Outcome |
| Transition Meeting Participants | Transition Plan Signature |
| Transition Plan Signature Date | Transition Service Description |
| Transportation at Public Expense Eligibility | Transportation Status |
| Tribal or Clan Name | Tuberculosis Test Type |
| Tuition Payment Amount | Tuition Status |
| Uniform Resource Identifier | Unsafe School Choice Offered Status |
| Unsafe School Choice Status | User/Screen Name |
| Voting Status | Ward of the State |
| White | Work Experience Paid |
| Work Experience Required | Work Type |
| Zip Code | Zone Number |