

ECSE Evaluation Administrator Screen - Mozilla Firefox

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http://10.1.1.121/AdministratorHome.aspx

ECSE Evaluation Administrator Screen

ECSE Online Evaluation - Administrator Team Leader Screen My Caseload Log Out

GENERAL SETTINGS

Current School End Year: *This year is used in queries of Campus data in this application. For example, the student search only searches students who have an enrollment in the school year selected here.*

Administrator Message:

STAFF ACCESS MANAGEMENT

Manage who is allowed to log in to this application, and their role.

Note: The names and email addresses come from Campus. If they are incorrect or missing, they should be fixed in Campus.

Deleting a name removes that person from access to this application. It does not delete them from Campus.

Last Name	First Name	Campus Email	Role	
Barker	Hope	hope.barker@spps.org	Administrator	Edit Delete
Lobin	Tracy	tracy.lobin@spps.org	TeamLeader	Edit Delete
Paisley	Ruth	ruth.paisley@spps.org	Administrator	Edit Delete

PERSON LIST VALUES

Person List Type: Show Only Active Persons

Done

start Mail - Inbox - IBM Lot... ECSE Evaluation Admi... Mozilla Firefox 12:19 PM Wednesday

ECSE Evaluation Staff Member Screen - Mozilla Firefox

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http://10.1.1.121/StaffHome.aspx

ECSE Evaluation Staff Member Screen

ECSE Online Evaluation Welcome, Hope Barker Log Out

MESSAGE FROM THE ADMINISTRATOR

Hi Everyone - This is a test. Hope

MY CASELOAD

STUDENT SEARCH

CIP: Last Name: First Name: Birthdate: Gender: Parent Name:

Done

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696817 Test B Moody

DEMOGRAPHIC INFORMATION

Birthdate:	9/1/1996
Gender:	F
Race/Ethnicity:	American Indian or Alaskan Native
Language:	Missing HL
MARSS #:	062599696817
Household(s):	Parent/Guardian: Test B Moody
	Phone: (651)777-6676
	Address(es): 1200 7TH Ave S, South St Paul, MN 55075

REFERRAL HISTORY

[Add New Referral](#)

No referrals have been created for this student.

Note: 'In-Process' referrals can only be deleted by the person who created them or by an administrator. 'Closed' referrals can only be deleted by an administrator.

ENROLLMENT HISTORY

School	Grade	Enr Type	Start Date	End Date
10-11 998 Demo MS S	07	P	8/23/2010	

696817 Test B Moody : Referral

Referral Details **Child Study** Interagency Services

ECSE Referral ID: 4

Referral Data:

Birth to 3 - 35-Day Due Date:

Birth to 3 - 45-Day Due Date:

For 3-5 referrals - Parent Contact within 2 weeks?:

Source:

Source Name:

Reason:

- Cognitive Adaptive/Functional
- Motor Social/Emotional/Behavioral
- Physical/Health Diagnosed Condition:
- Communication

Referral Service Coordinator ([Show History](#)):

Referral Notes:

Referral for Test B Moody - Mozilla Firefox

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http://10.1.1.121/Referral.aspx?ID=4

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Referral for Test B Moody

ECSE Online Evaluation Welcome, Hope Barker My Caseload Log Out

696817 Test B Moody : Referral

Referral Details Child Study Interagency Services

ECSE Referral ID: 4

Referral Date:

Birth to 3 - 35-Day Due Date:

Birth to 3 - 45-Day Due Date:

For 3-5 referrals - Parent Contact within 2 weeks?:

Source:

Source Name:

Reason:

Cognitive Adaptive/Functional

Motor Social/Emotional/Behavioral

Physical/Health Diagnosed Condition:

Communication

Referral Service Coordinator ([Show History](#)):

Referral Notes:

Done

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12:25 PM Wednesday

Referral for Test B Moody - Mozilla Firefox

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http://10.1.1.121/InteragencyServices.aspx?ID=4

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Referral for Test B Moody

ECSE Online Evaluation Welcome, Hope Barker My Caseload Log Out

696817 Test B Moody : Referral

Referral Details Child Study Interagency Services

DD Services	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
RC Mental Health Services	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
RC Child Protection	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
RC Public Health	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
ECFE	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
Pre-K	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
Head Start	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
Resources for Child Caring	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
Wilder	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
Other	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
Other	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>
Private Therapy- Speech	<input type="radio"/> Currently Active	<input type="radio"/> HMG Referred	<input type="radio"/> ECSE Referred	<input checked="" type="radio"/> Not Used	Notes: <input type="text"/>

Done

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ECSE Evaluation Team Leader Screen - Mozilla Firefox

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http://10.1.1.121/TeamLeaderHome.aspx

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ECSE Evaluation Team Leader Screen

ECSE Online Evaluation - Team Leader Screen Welcome, Ruth Patsley Log Out

CF:

696817 Test B Moody

DEMOGRAPHIC INFORMATION

Birthdate:	9/1/1996
Gender:	F
Race/Ethnicity:	American Indian or Alaskan Native
Language:	Missing HL
MARSS #:	0625999696817
Household(s):	Parent/Guardian: Test B Moody
	Phone: (651)777-6676
	Address(es): 1200 7TH Ave S, South St Paul, MN 55075

REFERRAL INFORMATION

45-Day Due Date: 1/1/0001

EVALUATION CHILD STUDY INFORMATION

Evaluation Child Study Date: Outcome:

Evaluation Child Study Team:

Non-System and System Days (For Children Under 3)

Non-System Reason(s):	System Reason(s):
Illness of child or other family member:	Inadequate capacity with existing providers:
Floods, snowstorms:	Referral received just prior to scheduled break in instruction:
Other emergency school closings:	Delay in securing services of an interpreter:
Family request to delay (due to family vacation, new job, moving, etc.):	Unanticipated absence of evaluation team member:
Number of Days Overdue for Non-System Delays:	Referral received outside provider contract year:
	Delayed communication between central point of entry and evaluation team:
	Difficulty coordinating schedules of evaluation team members:
	Inadequate documentation of reasons for untimeliness:

ENROLLMENT HISTORY

School	Grade	Enr Type	Start Date	End Date
10-11 998 Demo MS S	07	P	8/23/2010	

Done

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ECSE Evaluation Team Leader Screen

ENROLLMENT HISTORY

School	Grade	Enr Type	Start Date	End Date
10-11 998 Demo MS S	07	P	8/23/2010	

INTERAGENCY SERVICES

TEAM LEADER-SUPPLIED INFORMATION

Date File Was Received:

Date File Was Assigned:

IFSP/IEP Meeting Date:

IFSP/IEP Manager Name: OR Enter Name:

Initial ECO-COSF:

First Date of Enr. for Spec Ed Services:

Transition: Child between 2.3 and 2.9 upon first enrollment?:

Service Delivery Model:

Service Coordinator (Show History):

Done