

			REQUIRED FIELDS					
			REQUIRED IN SOME INSTANCES (SEE NOTES)					
Field Number	Column	Max Length	FIELD NAME from eScholar template (DATA ELEMENT NAME) as used by NYSED, if different from eScholar template name * = Required for all students + = Required only for specified students	Key Field	NYS, Regional, or Local Purpose	Instructions or Rules	Format	Recommended Codes
1	A	8	*DISTRICT CODE (DISTRICT OF RESPONSIBILITY CODE)	K	NYS Reporting	Public school districts and BOCES: NYnnnnnn (NY followed by the first 6 digits of the BEDS code) Charter and nonpublic schools, State agencies, State-operated schools, AND child care institutions with schools: 8nnnnnnn (8 followed by the last 7 digits of their Institution code)	alphanumeric	For NYSED BEDS codes: www.nysed.gov/admin/bedsdata.html For NYSED BEDS and Institution codes: http://portal.nysed.gov Click on “SEDREF Query” For schools/agencies other than public districts and charters that are required to report these data: http://www.p12.nysed.gov/irs/sirs/
2	B	6	*PROGRAM LOCATION CODE		Regional Reporting	Required by eScholar load plan. Typically the building code (assigned by the local student management system and used by the L1 Data Warehouse) that uniquely identifies the building in which a student is receiving the service. Programs can optionally use "0000."	alphanumeric	
3	C	10	*SCHOOL YEAR DATE	K	NYS Reporting	June 30 of the reported school year.	date yyyy-06-30	
4	D	12	*STUDENT ID (SCHOOL DISTRICT STUDENT ID)	K	NYS Reporting	Unique identifier assigned by the Local Education Agency (LEA) in which the student is enrolled. Use 9 numeric characters, left padded with zeros. For example, for 51972, use 000051972.	alphanumeric nnnnnnnnn	
5	E	8	*PROGRAMS CODE (PROGRAM SERVICE CODE)	K	NYS Reporting	Code that indicated the program service applicable to the student. Populate with codes, not descriptions.	alphanumeric	See Program Service Codes and Descriptions in the <i>SIRS Manual</i> at http://www.p12.nysed.gov/irs/sirs/ .
6	F	10	*BEGINNING DATE (PROGRAM SERVICE ENTRY DATE)	K	NYS Reporting	The start date of the program service, which must be between July 1st and June 30th of the reported school year.	date yyyy-mm-dd	
7	G	10	+ENDING DATE (PROGRAM SERVICE END DATE)		NYS Reporting	Leave blank until the program service actually ends. The end date of the program service, which must be between July 1st and June 30th of reporting school year.	date yyyy-mm-dd	
8	H	20	+STATE LOCATION ID (PROGRAM SERVICE PROVIDER BEDS CODE)		NYS Reporting	Populate only for school-level services. For district-level services, leave blank. NYSED BEDS Code of the institution providing the program service.	alphanumeric nnnnnnnnnnn	For NYSED BEDS codes: www.nysed.gov/admin/bedsdata.html For NYSED BEDS and Institution codes: http://portal.nysed.gov Click on “SEDREF Query” For schools/agencies other than public districts and charters that are required to report these data: http://www.p12.nysed.gov/irs/sirs/
9	I	20	+PROGRAM INTENSITY (CTE/TECH PREP PROGRAM INTENSITY)		NYS Reporting	Populate if field 5 contains a CTE code. The student’s progression through the program service. As the student reaches each level of intensity, the description entered must be updated. Also used to collect the level of service for ELL students. Students must have an 0231 (ELL Eligible) Program Service Code to report ELL service level. Populate with descriptions.	alphanumeric	Level of Description Intensity Reached Participant CTE or Title II Participant Concentrator CTE or Title II Concentrator ELL Service: FULL - ELLs receiving the required units of study. PARTIAL - ELLs receiving less than the required units of study. NONE - Currently not receiving service.
10	J	10	ENTRY REASON CODE 1		Regional Reporting	Reason for entering the program.	alphanumeric	Must be a valid code from the Reasons_Code table for the matching school year. No duplicates allowed.
11	K	10	ENTRY REASON CODE 2		Regional Reporting	Reason for entering the program.	alphanumeric	Must be a valid code from the Reasons_Code table for the matching school year. No duplicates allowed.
12	L	10	ENTRY REASON CODE 3		Regional Reporting	Reason for entering the program.	alphanumeric	Must be a valid code from the Reasons_Code table for the matching school year. No duplicates allowed.
13	M	10	+EXIT REASON CODE 1 (REASON FOR ENDING PROGRAM SERVICE CODE)		NYS Reporting	This field is required to report the reason program services were ended for students in CTE programs, ELL students, and students with disabilities. Populate with codes.	alphanumeric	See Reason for Ending Program Service Codes and Descriptions in the <i>SIRS Manual</i> at http://www.p12.nysed.gov/irs/sirs/ .

14	N	10	EXIT REASON CODE 2		Regional Reporting	Additional reason for exiting the program.	alphanumeric	Must be a valid code from the Reasons_Code table for the matching school year. No duplicates allowed.
15	O	10	EXIT REASON CODE 3		Regional Reporting	Additional reason for exiting the program.	alphanumeric	Must be a valid code from the Reasons_Code table for the matching school year. No duplicates allowed.
16	P	60	PROGRAM COMMENT		Regional Reporting	Used to provide additional details for the student's program.	alphanumeric	
17	Q	10	ORIGINAL PGM START DATE		Regional Reporting	Leave blank unless original program start date is needed.	date yyyy-mm-dd	If supplied, must be a valid date and must not be greater than current date.
18	R	6	+PGM PARTICIPATION INFO CODE (CTE PROGRAM TYPE)		NYS Reporting	This field is required if field 5 contains a CTE code.	alphanumeric	CTE = General CTE Program
19	S	3,0	PROGRAM FREQUENCY			Leave blank.		
20	T	4,0	PROGRAM DURATION			Program Duration will be collected for P-Tech Students on Partner Project Fact.		
21	U	10	PROGRAM CYCLE			Leave blank.		
22	V	50	PROGRAM PROVIDER NAME			Leave blank.		
23	W	20	+PROGRAM PROVIDER TYPE CODE (HOMELESS PRIMARY NIGHTTIME RESIDENCE)		NYS Reporting	Each student identified with a Homeless program service code (8262) must have one of the Homeless Primary Nighttime Residence types reported.	alphanumeric	D = Doubled-up H= Hotels/motels S = Shelters T = Transitional Housing U = Unsheltered
24	X	20	PROGRAM LOCATION DISTRICT CODE			Leave blank.		
25	Y	25	PROGRAM STUDENT ID			Leave blank.		
26	Z	20	PARENTAL PERMISSION CODE			Leave blank.		
27	AA	20	PROGRAM SESSION CODE			Leave blank.		
28	AB	20	PROGRAM ELIGIBILITY CODE 1			Leave blank.		
29	AC	20	PROGRAM ELIGIBILITY CODE 2			Leave blank.		
30	AD	20	PROGRAM ELIGIBILITY CODE 3			Leave blank.		
31	AE	20	PROGRAM ELIGIBILITY CODE 4			Leave blank.		
32	AF	20	PROGRAM ELIGIBILITY CODE 5			Leave blank.		
33	AG	20	PROGRAM ELIGIBILITY CODE 6			Leave blank.		