

STATE: _____

SECTION A. DATA COLLECTION DATE

EMAPS		
COUNT DATE:	MONTH	DAY
		YEAR

Information should be included in EMAPS

ORIGINAL SUBMISSION/REVISION
CURRENT DATE: _____

STATE: _____

SECTION B. DISCRETE AGE BY DISABILITY FOR CHILDREN AGES 3-5 RECEIVING SPECIAL EDUCATION

DISABILITY	AGE AS OF DATA COLLECTION DATE				
	3	4	5	3-5	3-5 (PERCENT) ¹
MENTAL RETARDATION					
HEARING IMPAIRMENTS					
SPEECH OR LANGUAGE IMPAIRMENTS					
VISUAL IMPAIRMENTS	N/X 089 - Category Set A			N/X 089 - Subtotal 3	Auto- calculated
EMOTIONAL DISTURBANCE					
ORTHOPEDIC IMPAIRMENTS					
OTHER HEALTH IMPAIRMENTS					
SPECIFIC LEARNING DISABILITIES					
DEAF-BLINDNESS					
MULTIPLE DISABILITIES					
AUTISM					
TRAUMATIC BRAIN INJURY					
DEVELOPMENTAL DELAY ²					
TOTAL: (Sum of all the above)	N/X 089 - Subtotal 2			Grand Total	100%

¹ States should not provide percentages in this section, as they will be calculated after the counts are submitted. ² States must have defined and established eligibility criteria for developmental delay in order to use this category for reporting. ED FORM: 869-5

REPORT OF CHILDREN WITH DISABILITIES RECEIVING SPECIAL EDUCATION
 PART B, INDIVIDUALS WITH DISABILITIES EDUCATION ACT, AS AMENDED

2010

STATE: _____

SECTION C RACE/ETHNICITY BY DISABILITY OF CHILDREN AGES 3-5 RECEIVING SPECIAL EDUCATION (2007 Reporting Guidelines)

DISABILITY	RACE/ETHNICITY								
	HISPANIC/ LATINO	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE	TWO OR MORE RACES	TOTAL	
MENTAL RETARDATION									
HEARING IMPAIRMENTS									
SPEECH OR LANGUAGE IMPAIRMENTS									
VISUAL IMPAIRMENTS									
EMOTIONAL DISTURBANCE									
ORTHOPEDIC IMPAIRMENTS									
OTHER HEALTH IMPAIRMENTS									
SPECIFIC LEARNING DISABILITIES									
DEAF-BLINDNESS									
MULTIPLE DISABILITIES									
AUTISM									
TRAUMATIC BRAIN INJURY									
DEVELOPMENTAL DELAY ¹									
TOTAL: (Sum of all the above)				N/X 089 - Category Set B					N/X 089 - Subtotal 3
TOTAL: (PERCENT) ²				N/X 089 - Subtotal 4					Grand Total
				Auto-calculated					

¹ States must have defined and established eligibility criteria for developmental delay in order to use this category for reporting.

² States should not provide percentages in this section, as they will be calculated after the counts are submitted.

STATE: _____

SECTION D. DISCRETE AGE BY DISABILITY OF CHILDREN AGES 6-21 RECEIVING SPECIAL EDUCATION

DISABILITY	AGE AS OF DATA COLLECTION DATE					
	6	7	8	9	10	11
MENTAL RETARDATION						
HEARING IMPAIRMENTS						
SPEECH OR LANGUAGE IMPAIRMENTS						
VISUAL IMPAIRMENTS						
EMOTIONAL DISTURBANCE						
ORTHOPEDIC IMPAIRMENTS						
OTHER HEALTH IMPAIRMENTS						
SPECIFIC LEARNING DISABILITIES						
DEAF-BLINDNESS						
MULTIPLE DISABILITIES						
AUTISM						
TRAUMATIC BRAIN INJURY						
DEVELOPMENTAL DELAY ¹						
TOTAL: (Sum of all the above)						

N/X 002
 -
 Category Set B

N/X 002 - Subtotal 2

¹ States must have defined and established eligibility criteria for developmental delay in order to use this category for reporting.

STATE: _____

SECTION D (CONTINUED)

DISABILITY	AGE AS OF DATA COLLECTION DATE					
	12	13	14	15	16	17
MENTAL RETARDATION						
HEARING IMPAIRMENTS						
SPEECH OR LANGUAGE IMPAIRMENTS						
VISUAL IMPAIRMENTS						
EMOTIONAL DISTURBANCE			N/X 002 - Category Set B			
ORTHOPEDIC IMPAIRMENTS						
OTHER HEALTH IMPAIRMENTS						
SPECIFIC LEARNING DISABILITIES						
DEAF-BLINDNESS						
MULTIPLE DISABILITIES						
AUTISM						
TRAUMATIC BRAIN INJURY						
DEVELOPMENTAL DELAY						
TOTAL: (Sum of all the above)			N/X 002 - Subtotal 2			

ED FORM: 869-5

ORIGINAL SUBMISSION/REVISION
 CURRENT DATE: _____

STATE: _____

SECTION D (CONTINUED)

DISABILITY	AGE AS OF DATA COLLECTION DATE					
	18	19	20	21	6-21 (NUMBER)	6-21 (PERCENT) ¹
MENTAL RETARDATION						
HEARING IMPAIRMENTS						
SPEECH OR LANGUAGE IMPAIRMENTS						
VISUAL IMPAIRMENTS						
EMOTIONAL DISTURBANCE	N/X 002 - Category Set B				N/X 002 - Subtotal 3	Auto- calculated
ORTHOPEDIC IMPAIRMENTS						
OTHER HEALTH IMPAIRMENTS						
SPECIFIC LEARNING DISABILITIES						
DEAF-BLINDNESS						
MULTIPLE DISABILITIES						
AUTISM						
TRAUMATIC BRAIN INJURY						
DEVELOPMENTAL DELAY ²						
TOTAL: (Sum of all the above)	N/X 002 - Subtotal 2				Grand Total	100%

¹ States should not provide percentages in this section, as they will be calculated after the counts are submitted.
² States must have defined and established eligibility criteria for developmental delay in order to use this category for reporting. ED FORM: 869-5

REPORT OF CHILDREN WITH DISABILITIES RECEIVING SPECIAL EDUCATION
 PART B, INDIVIDUALS WITH DISABILITIES EDUCATION ACT, AS AMENDED

2010

STATE: _____

SECTION E. RACE/ETHNICITY BY DISABILITY OF CHILDREN AGES 6-21 RECEIVING SPECIAL EDUCATION (2007 Reporting Guidelines)

DISABILITY	RACE/ETHNICITY							
	HISPANIC/ LATINO	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE	TWO OR MORE RACES	TOTAL
MENTAL RETARDATION								
HEARING IMPAIRMENTS								
SPEECH OR LANGUAGE IMPAIRMENTS								
VISUAL IMPAIRMENTS								
EMOTIONAL DISTURBANCE								
ORTHOPEDIC IMPAIRMENTS								
OTHER HEALTH IMPAIRMENTS								
SPECIFIC LEARNING DISABILITIES								
DEAF-BLINDNESS								
MULTIPLE DISABILITIES								
AUTISM								
TRAUMATIC BRAIN INJURY								
DEVELOPMENTAL DELAY ¹								
TOTAL: (Sum of all the above)								
TOTAL: (PERCENT) ²								

N/X 002
-
Category Set A

N/X 002
-
Subtotal

3

N/X 002 - Subtotal 4

Auto-calculated

1
Grand
Total

¹ States must have defined and established eligibility criteria for developmental delay in order to use this category for reporting.

² States should not provide percentages in this section, as they will be calculated after the counts are submitted.

REPORT DUE NO LATER THAN FEBRUARY 1

STATE: _____

SECTION F. CERTIFICATION

I CERTIFY that these data represent an accurate and unduplicated count of children with disabilities receiving special education and related services according to an Individualized Education Program on my State's designated child count date, which falls between October 1 and December 1 of 2010.		
AUTHORIZING OFFICIAL		
NAME AND TITLE (TYPE OR PRINT)	SIGNATURE	DATE OF SIGNATURE

ED FORM: 869-5

ORIGINAL SUBMISSION/REVISION
CURRENT DATE: _____