

Office of Special Education Programs Personnel Development Program Data Collection System (PDPDCS)

Screenshots of Scholar Main Menu and Employment Forms as Viewed by a Scholar

The document below depicts the screens a scholar will see as they navigate the scholar main menu, the forms for reporting employment to fulfill service obligation, and requesting a deferral or exception within the PDPDCS.

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Figure 1. Scholar Identifying Information

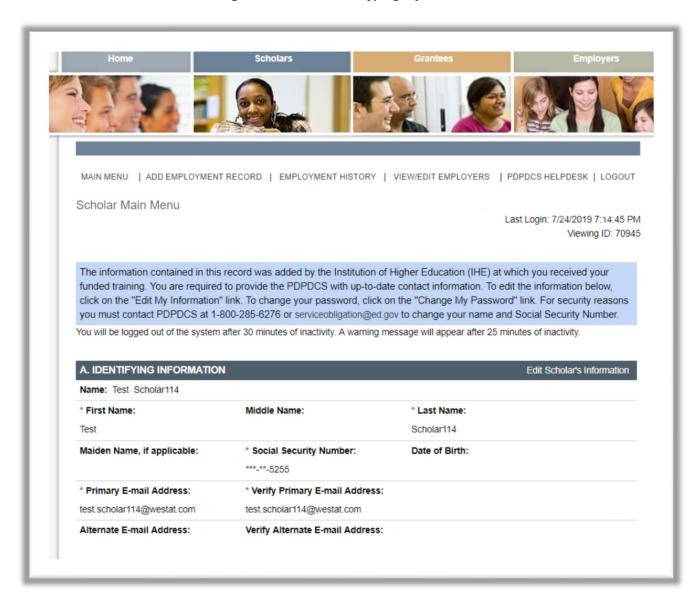


Figure 2. Scholar Contact and Alternate Contact Information

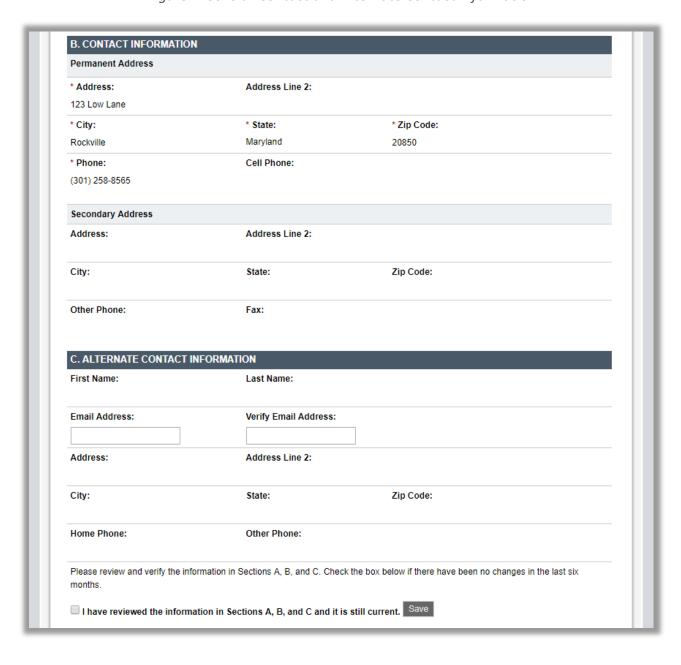


Figure 3. Grant and Training Program Information

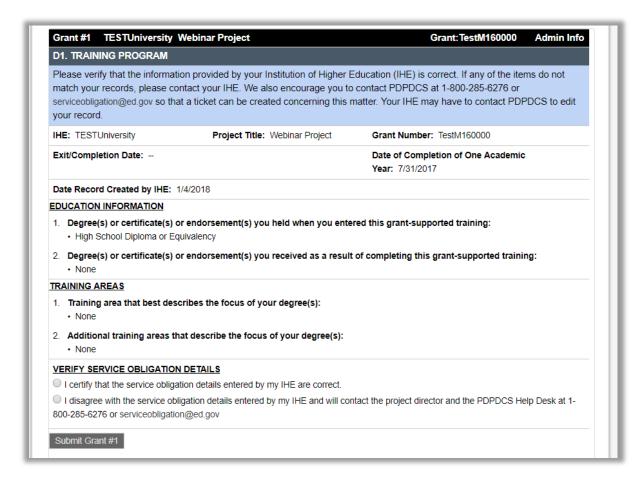


Figure 4. Service Obligation Status and Corresponding Information

increase if you are currently receiving therefore this may not be your final ser	funding or expect t	your IHE's last update on 3/28/2019. These to o receive more funding prior to the completion nonths and dollars. When you complete or exi letails. If you have questions regarding this inf	of your program; it the program, your IHE
Accumulated Academic Years of Funding:	1.5	Total Funding Received:	\$2,500
Total Service Obligation Owed:	36 months	Total Grace Period Provided per Program Requirements/Regulations:	60 months
Program Completion Status:	Enrolled	Service Obligation Status:	Fulfillment in Progress
Total Service Obligation Fulfilled to Date (if applicable):	5 months	Remaining Service Obligation:	31 months
Total Time Remaining for Completion		Date by Which Service Obligation	
of Service Obligation:		Must be Completed:	

Figure 5. Entering and Reporting Employment Requirements to Fulfill Service Obligation

F. ELIGIBLE EMPLOYMENT	View/Edit Employers Add New Employment Record View All Employment Records
Eligible employment must 1) fulfill at least one of the requirements listed in Sec.F(e) of the 20 2006 Program Regulations; 2) provide compensation; and 3) if serving children, the children of eligible children as described in IDEA 2004 Sec. 602(3). Only eligible employment recoverification. You will receive an error message if the position is not eligible.	served must fall under the definition
Once you have submitted an employment record it will be sent by PDPDCS to your employ verified by your employer credit will be applied to your total service obligation fulfilled to dat from the date of submission to verify or dispute the information in the record. For more infor the "View All Employment Records" link. Note that <i>past</i> employment records cannot be edit employment records can be edited. You cannot update your current employment record durverification period until your employer verifies or disputes the record or the 30-day verification current employment record, click on the "Update Current Employment" link or on the name REMINDER: The scholar has responsibility on employer verification of eligible employment. Note that if your current full-time position becomes part-time you must add an end date to the anew record for the part-time position.	e. Your employer will have 30 days mation on disputed records, click on ted once submitted, but <i>current</i> ring your employer's 30–day on window expires. To update your of your current employer.
CURRENT OR MOST RECENT EMPLOYMENT	
-	Update Current Employment te Record Submitted: 1/4/2018 ployment Status: Verified
REPORTING REQUIREMENTS	
As a scholar you are required to update PDPDCS with your contact and employment information e reminder emails and phone calls from PDPDCS reminding you to add an employment record or up	
If you are within the grace period (additional period of time) or have no changes to your employment Otherwise, you must enter employment information.	nt, you must click the check box below.
☐ I do not have any changes to my employment at this time. Update	Last Updated:

Figure 6. Requesting Deferral or Exception

G. DEFERRALS AND EXCEPTIONS	
	Request Deferral / Exception
No deferrals or exceptions entered.	

The screenshots below are taken from the scholar's perspective of the Employment Record. This is the information each scholar will need to complete to submit an employment record to fulfill a service obligation.

Figure 7. Employment Record—Employer Contact Information

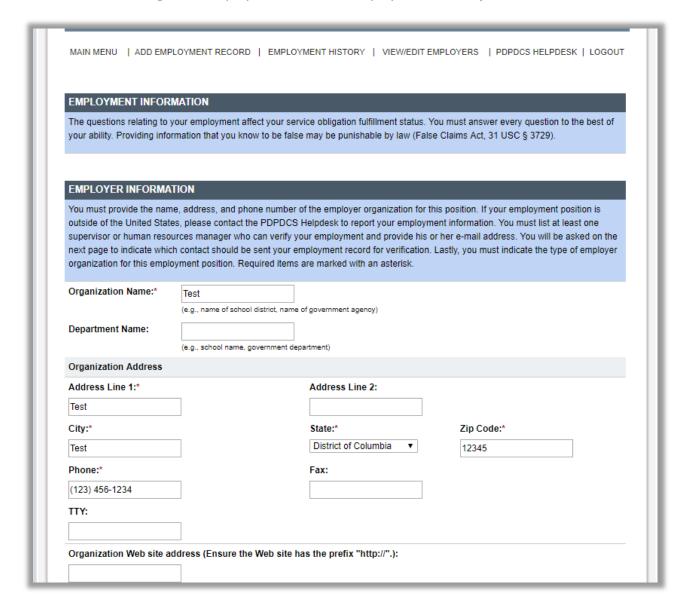


Figure 8. Employment Record—Supervisor and HR Manager Contact Information

Please provide the name of a supervisor who can verify this employment information.			
First Name:	Last Name:		
Test	Test		
Supervisor's Business Address			
Address Line 1:	Address Line 2:		
123 Main Street			
City:	State: Zip Code:		
Washington	District of Columbia ▼ 20000		
Phone:	Mobile Phone:		
(111) 111-1111			
Email:	Verify Email:		
test@test.com	test@test.com		
Alternate Email:	Verify Alt. Email:		
F			
Fax:	TTY:		
rax:	TTY:		
HUMAN RESOURCE MANAGER			
HUMAN RESOURCE MANAGER Please provide the name of a human	n resources manager who can verify this employment information.		
HUMAN RESOURCE MANAGER Please provide the name of a human	n resources manager who can verify this employment information. Last Name:		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake	n resources manager who can verify this employment information. Last Name: Manager		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business	n resources manager who can verify this employment information. Last Name: Manager Address		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1:	n resources manager who can verify this employment information. Last Name: Manager		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street	n resources manager who can verify this employment information. Last Name: Manager Address Address Line 2:		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street City:	n resources manager who can verify this employment information. Last Name: Manager Address		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street City: Washington	n resources manager who can verify this employment information. Last Name: Manager Address Address State: District of Columbia To 20000		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street City: Washington Phone:	n resources manager who can verify this employment information. Last Name: Manager Address Address Address Line 2: State: Zip Code:		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street City: Washington Phone: (000) 000-0000	n resources manager who can verify this employment information. Last Name: Manager Address Address Address Line 2: State: District of Columbia Mobile Phone:		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street City: Washington Phone: (000) 000-0000 Email:	n resources manager who can verify this employment information. Last Name: Manager Address Address Address Line 2: State: District of Columbia Wobile Phone: Verify Email:		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street City: Washington Phone: (000) 000-0000 Email: manager@test.com	n resources manager who can verify this employment information. Last Name: Manager Address Address Line 2: State: District of Columbia Worify Email: manager@test.com		
HUMAN RESOURCE MANAGER Please provide the name of a human First Name: Fake Human Resource Manager Business Address Line 1: 123 Main Street City: Washington Phone: (000) 000-0000 Email:	n resources manager who can verify this employment information. Last Name: Manager Address Address Address Line 2: State: District of Columbia Wobile Phone: Verify Email:		

Figure 9. Employment Record—Organization Type, End of Page 1



Figure 10. Employment Record—Overview of Employment Information and Beginning and Ending Dates

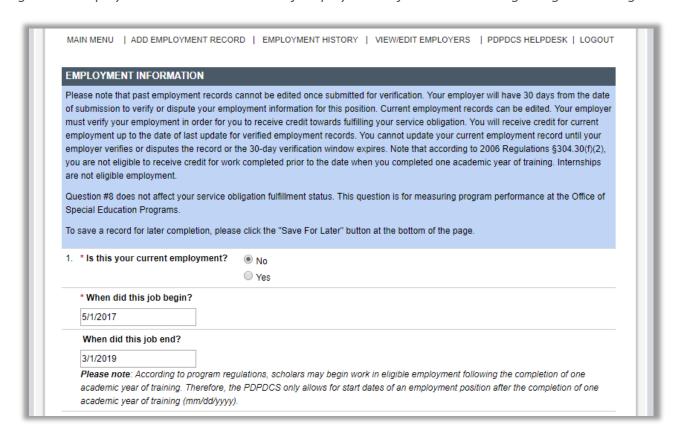


Figure 11. Employment Record—Employment Information Continued

2.	* Which of the following best describes this position?				
	Special education teacher (including positions in inclusive settings, e.g., as a co-teacher), early interventionist, early childhood special educator, or early childhood educator.				
	Special education paraprofessional/aide				
	Early intervention, early childhood special education, or early childhood paraprofessional/aide				
	 Related or supportive service provider delivering early intervention or early childhood special education services in a school setting 				
	Related or supportive service provider in a non-school setting (e.g., child find services)				
	Administrator/coordinator/supervisor (including the capacity of a principal)				
	Instructional specialist Higher education (e.g., faculty, research assistant, practicum coordinator)				
	Other, within education (please specify)				
3.	* Is this a full or part time position?				
	✓ Full time (As defined by your Employer and must be 30 hours or more per week)				
	This is a summer position				
	This position has summers off				
	This is a year round position				
	Part time				
	If this employment is part-time, on average, how many hours do you work per week at this job?				
4.	* Is this position a substitute teaching position?				
	● No				
	○ Yes				

Figure 12. Employment Record—Employment Information Related to Special Education Services Provided

I. Special Education	II. Related Services		
O General special education, cross-categorical, generic, multi-categorical,	Audiology		
or non-categorical	Counseling		
General special education, mild or moderate	Educational diagnostician		
Low-incidence disabilities/multiple disabilities/severe intellectual	O Interpreter/ASL		
disabilities	Music therapy		
Deafness and/or hard-of-hearing	Nursing		
Visual impairment and/or blindness	Occupational therapy		
Deaf-blindness	Orientation & mobility		
Combined studies: General education and special education	Paraprofessional		
O Developmental delay	Physical therapy		
 Specific learning disabilities Speech/language impairment Emotional disturbance/behavioral disorders 	Psychology Rehabilitation counseling School counseling		
		Autism	Speech/language
		Traumatic brain injury	Social work
Intellectual disability: Mild/moderate Other health impairment	Therapeutic recreation Work experience coordinator (employment		
		Physical impairment/orthopedic impairment	transition specialist)
Adapted physical education			
Assistive technology			
Bilingual special education/ESL/TESOL			
Early intervention/ early childhood special education/early childhood			
Special education for youth in correctional facilities			
Secondary transition			
he special education and related services areas above are not appropriate for ef description of the area of focus for this employment.	r the training focus of your employment, please provide a		

Figure 13. Employment Record—Employment Information Related to Special Education Services Provided Continued

If appropriate, select up to three additional training areas to provide more detailed information about this employment position.	
I. Special Education	II. Related Services
■General special education, cross-categorical, generic, multi- categorical, or non-categorical	□Audiology □Counselina
General special education, mild or moderate	Educational diagnostician
Low-incidence disabilities/multiple disabilities/severe intellectual disabilities Deafness and/or hard-of-hearing	□Interpreter/ASL □Music therapy □Nursing
□Visual impairment and/or blindness □Deaf-blindness	Occupational therapy Orientation & mobility
Combined studies: General education and special education Developmental delay	Paraprofessional Physical therapy
Specific learning disabilities Speech/language impairment Emotional disturbance/behavioral disorders	Psychology Rehabilitation counseling
Autism Traumatic brain injury	School counseling Speech/language
Intellectual disability: Mild/moderate Other health impairment	Social work Therapeutic recreation Work experience coordinator (employment
Physical impairment/orthopedic impairment Adapted physical education	transition specialist)
Assistive technology Bilingual special education/ESL/TESOL	
Early intervention/ early childhood special education/early childhood Special education for youth in correctional facilities	1
Secondary transition	

Figure 14. Employment Record—Certification Information and Submission of Record to Supervisor and/or HR Manager, End of Page 2

Please answer the questions below that best describe the work you do in this position. Eligible employment must 1) fulfill at least one of the requirements listed in section F(e) of the 2005 Requirements or §304.30(e) of the 2006 Regulations; 2) provide compensation; and 3) if serving children, the children must fall under the definition of eligible children as described in IDEA 2004 Sec. 602(3). 7a. * Describe the percentage of time spent teaching or serving special education students in this position. 50% or less. At least 51% 7b. * Describe the percentage of special education students taught or served in this position. 50% or less At least 51% 8. * Are you certified/licensed for this position? Select the most appropriate answer. Certified/licensed for purposes of this data collection means that you meet the state requirements (if there are requirements in your state) for certification/licensure for this position. Certified/licensed Not certified/Not licensed This state does not have requirements for certification/licensure for this position Not applicable to this type of employment position 9. * Please select the Supervisor or HR Person whom you wish to send this information for verification (Select at least one). Test Test (test@test.com) Fake Manager (manager@test.com) I certify that all of the information I have provided is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined in an amount not less than \$5,000 and not greater than \$10,000, plus 3 times the amount of damages the Government sustains due to my false statement. - False Claims Act, 31 USC § 3729. Save and Submit Save for Later