



# 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

The screenshot displays the Scholar Main Menu interface. At the top, there are four navigation tabs: Home, Scholars, Grantees, and Employers, each with a corresponding image. Below the tabs is a main menu with links: MAIN MENU | ADD EMPLOYMENT RECORD | EMPLOYMENT HISTORY | VIEW/EDIT EMPLOYERS | PDPDCS HELPDESK | LOGOUT. The user's last login is 7/24/2019 7:14:45 PM and the viewing ID is 70945. A blue informational box contains text about the information provided by the Institution of Higher Education (IHE) and instructions on how to edit it. Below this is a warning about inactivity. The main section is titled 'A. IDENTIFYING INFORMATION' and includes a link to 'Edit Scholar's Information'. The identifying information is as follows:

<b>Name:</b> Test Scholar114		
<b>* First Name:</b> Test	<b>Middle Name:</b>	<b>* Last Name:</b> Scholar114
<b>Maiden Name, if applicable:</b>	<b>* Social Security Number:</b> ***-**-5255	<b>Date of Birth:</b>
<b>* Primary E-mail Address:</b> test.scholar114@westat.com	<b>* Verify Primary E-mail Address:</b> test.scholar114@westat.com	
<b>Alternate E-mail Address:</b>	<b>Verify Alternate E-mail Address:</b>	

Figure 2. Scholar Contact and Alternate Contact Information

B. CONTACT INFORMATION		
<b>Permanent Address</b>		
* Address:	Address Line 2:	
123 Low Lane		
* City:	* State:	* Zip Code:
Rockville	Maryland	20850
* Phone:	Cell Phone:	
(301) 258-8565		
<b>Secondary Address</b>		
Address:	Address Line 2:	
City:	State:	Zip Code:
Other Phone:	Fax:	
C. ALTERNATE CONTACT INFORMATION		
First Name:	Last Name:	
Email Address:	Verify Email Address:	
<input type="text"/>	<input type="text"/>	
Address:	Address Line 2:	
City:	State:	Zip Code:
Home Phone:	Other Phone:	
Please review and verify the information in Sections A, B, and C. Check the box below if there have been no changes in the last six months.		
<input type="checkbox"/> I have reviewed the information in Sections A, B, and C and it is still current. <input type="button" value="Save"/>		

Figure 3. Grant and Training Program Information

Grant #1 TESTUniversity Webinar Project		Grant: TestM160000	Admin Info
<b>D1. TRAINING PROGRAM</b>			
Please verify that the information provided by your Institution of Higher Education (IHE) is correct. If any of the items do not match your records, please contact your IHE. We also encourage you to contact PDPDCS at 1-800-285-6276 or serviceobligation@ed.gov so that a ticket can be created concerning this matter. Your IHE may have to contact PDPDCS to edit your record.			
IHE: TESTUniversity	Project Title: Webinar Project	Grant Number: TestM160000	
Exit/Completion Date: --	Date of Completion of One Academic Year: 7/31/2017		
Date Record Created by IHE: 1/4/2018			
<b>EDUCATION INFORMATION</b>			
1. Degree(s) or certificate(s) or endorsement(s) you held when you entered this grant-supported training:			
• High School Diploma or Equivalency			
2. Degree(s) or certificate(s) or endorsement(s) you received as a result of completing this grant-supported training:			
• None			
<b>TRAINING AREAS</b>			
1. Training area that best describes the focus of your degree(s):			
• None			
2. Additional training areas that describe the focus of your degree(s):			
• None			
<b>VERIFY SERVICE OBLIGATION DETAILS</b>			
<input type="radio"/> I certify that the service obligation details entered by my IHE are correct.			
<input type="radio"/> I disagree with the service obligation details entered by my IHE and will contact the project director and the PDPDCS Help Desk at 1-800-285-6276 or serviceobligation@ed.gov			
<a href="#">Submit Grant #1</a>			

Figure 4. Service Obligation Status and Corresponding Information

<b>E1. SERVICE OBLIGATION STATUS</b>			
The service obligation information below is current as of your IHE's last update on 3/28/2019. These totals are expected to increase if you are currently receiving funding or expect to receive more funding prior to the completion of your program; therefore this may not be your final service obligation in months and dollars. When you complete or exit the program, your IHE will update your record with your final service obligation details. If you have questions regarding this information, please contact 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 of Service Obligation:		Date by Which Service Obligation Must be Completed:	
<a href="#">Click here to view a copy of your pre-scholarship agreement.</a>			

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 2005 Requirements or §304.30(e) of the 2006 Program Regulations; 2) provide compensation; and 3) if serving children, the children served must fall under the definition of eligible children as described in IDEA 2004 Sec. 602(3). **Only eligible employment records can be submitted for employer verification.** You will receive an error message if the position is not eligible.

Once you have submitted an employment record it will be sent by PDPDCS to your employer for verification. Once it has been verified by your employer credit will be applied to your total service obligation fulfilled to date. Your employer will have 30 days from the date of submission to verify or dispute the information in the record. For more information on disputed records, click on the "View All Employment Records" link. Note that **past** employment records cannot be edited once submitted, but **current** employment records can be edited. You cannot update your current employment record during your employer's 30-day verification period until your employer verifies or disputes the record or the 30-day verification window expires. To update your current employment record, click on the "Update Current Employment" link or on the name of your current employer. 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 current full-time record and create a new record for the part-time position.

**CURRENT OR MOST RECENT EMPLOYMENT**

Job ID: 29000 Update Current Employment

<b>Supervisor:</b>	Super Visor myriell.tyler@gmail.com	<b>Start Date:</b>	9/1/2017	<b>Date Record Submitted:</b>	1/4/2018
<b>HR:</b>		<b>End Date:</b>		<b>Employment Status:</b>	Verified

Email Verification:

---

**REPORTING REQUIREMENTS**

As a scholar you are required to update PDPDCS with your contact and employment information every 6 months. You will receive reminder emails and phone calls from PDPDCS reminding you to add an employment record or update your current employment record.

If you are within the grace period (additional period of time) or have no changes to your employment, you must click the check box below. Otherwise, you must enter employment information.

I do not have any changes to my employment at this time.  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

MAIN MENU | ADD EMPLOYMENT RECORD | EMPLOYMENT HISTORY | VIEW/EDIT EMPLOYERS | PDPDCS HELPDESK | LOGOUT

### EMPLOYMENT INFORMATION

The questions relating to your employment affect your service obligation fulfillment status. You must answer every question to the best of your ability. Providing information that you know to be false may be punishable by law (False Claims Act, 31 USC § 3729).

### EMPLOYER INFORMATION

You must provide the name, address, and phone number of the employer organization for this position. If your employment position is outside of the United States, please contact the PDPDCS Helpdesk to report your employment information. You must list at least one supervisor or human resources manager who can verify your employment and provide his or her e-mail address. You will be asked on the next page to indicate which contact should be sent your employment record for verification. Lastly, you must indicate the type of employer organization for this employment position. Required items are marked with an asterisk.

**Organization Name:\***   
(e.g., name of school district, name of government agency)

**Department Name:**   
(e.g., school name, government department)

#### Organization Address

<b>Address Line 1:*</b> <input type="text" value="Test"/>	<b>Address Line 2:</b> <input type="text"/>	
<b>City:*</b> <input type="text" value="Test"/>	<b>State:*</b> <input type="text" value="District of Columbia"/>	<b>Zip Code:*</b> <input type="text" value="12345"/>
<b>Phone:*</b> <input type="text" value="(123) 456-1234"/>	<b>Fax:</b> <input type="text"/>	
<b>TTY:</b> <input type="text"/>		

**Organization Web site address (Ensure the Web site has the prefix "http://".):**

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

SUPERVISOR		
Please provide the name of a supervisor who can verify this employment information.		
First Name:	Last Name:	
<input type="text" value="Test"/>	<input type="text" value="Test"/>	
Supervisor's Business Address		
Address Line 1:	Address Line 2:	
<input type="text" value="123 Main Street"/>	<input type="text"/>	
City:	State:	Zip Code:
<input type="text" value="Washington"/>	<input type="text" value="District of Columbia"/>	<input type="text" value="20000"/>
Phone:	Mobile Phone:	
<input type="text" value="(111) 111-1111"/>	<input type="text"/>	
Email:	Verify Email:	
<input type="text" value="test@test.com"/>	<input type="text" value="test@test.com"/>	
Alternate Email:	Verify Alt. Email:	
<input type="text"/>	<input type="text"/>	
Fax:	TTY:	
<input type="text"/>	<input type="text"/>	
HUMAN RESOURCE MANAGER		
Please provide the name of a human resources manager who can verify this employment information.		
First Name:	Last Name:	
<input type="text" value="Fake"/>	<input type="text" value="Manager"/>	
Human Resource Manager Business Address		
Address Line 1:	Address Line 2:	
<input type="text" value="123 Main Street"/>	<input type="text"/>	
City:	State:	Zip Code:
<input type="text" value="Washington"/>	<input type="text" value="District of Columbia"/>	<input type="text" value="20000"/>
Phone:	Mobile Phone:	
<input type="text" value="(000) 000-0000"/>	<input type="text"/>	
Email:	Verify Email:	
<input type="text" value="manager@test.com"/>	<input type="text" value="manager@test.com"/>	
Alternate Email:	Verify Alt. Email:	
<input type="text"/>	<input type="text"/>	
Fax:	TTY:	
<input type="text"/>	<input type="text"/>	



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

**ORGANIZATION TYPE**

What type of organization is this? \*

- Public School
- Residential School
- For-profit or Commercial Organization
- Federal Government Agency
- State Government Agency
- Local Government Agency
- Private School
- Hospital
- College/University
- Non-profit Organization
- Other, please specify

Next>>

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

MAIN MENU | ADD EMPLOYMENT RECORD | EMPLOYMENT HISTORY | VIEW/EDIT EMPLOYERS | PDPDCS HELPDESK | LOGOUT

**EMPLOYMENT INFORMATION**

Please note that past employment records cannot be edited once submitted for verification. Your employer will have 30 days from the date of submission to verify or dispute your employment information for this position. Current employment records can be edited. Your employer must verify your employment in order for you to receive credit towards fulfilling your service obligation. You will receive credit for current employment up to the date of last update for verified employment records. You cannot update your current employment record until your employer verifies or disputes the record or the 30-day verification window expires. Note that according to 2006 Regulations §304.30(f)(2), you are not eligible to receive credit for work completed prior to the date when you completed one academic year of training. Internships are not eligible employment.

Question #8 does not affect your service obligation fulfillment status. This question is for measuring program performance at the Office of Special Education Programs.

To save a record for later completion, please click the "Save For Later" button at the bottom of the page.

1. \* Is this your current employment?  No  Yes

\* When did this job begin?

When did this job end?

**Please note:** According to program regulations, scholars may begin work in eligible employment following the completion of one academic year of training. Therefore, the PDPDCS only allows for start dates of an employment position after the completion of one academic year of training (mm/dd/yyyy).



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

5. \* Select one special education and/or related services training area that best describes this employment position.

<b>I. Special Education</b>	<b>II. Related Services</b>
<input type="radio"/> General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="radio"/> Audiology
<input type="radio"/> General special education, mild or moderate	<input type="radio"/> Counseling
<input type="radio"/> Low-incidence disabilities/multiple disabilities/severe intellectual disabilities	<input type="radio"/> Educational diagnostician
<input type="radio"/> Deafness and/or hard-of-hearing	<input type="radio"/> Interpreter/ASL
<input type="radio"/> Visual impairment and/or blindness	<input type="radio"/> Music therapy
<input checked="" type="radio"/> Deaf-blindness	<input type="radio"/> Nursing
<input type="radio"/> Combined studies: General education and special education	<input type="radio"/> Occupational therapy
<input type="radio"/> Developmental delay	<input type="radio"/> Orientation & mobility
<input type="radio"/> Specific learning disabilities	<input type="radio"/> Paraprofessional
<input type="radio"/> Speech/language impairment	<input type="radio"/> Physical therapy
<input type="radio"/> Emotional disturbance/behavioral disorders	<input type="radio"/> Psychology
<input type="radio"/> Autism	<input type="radio"/> Rehabilitation counseling
<input type="radio"/> Traumatic brain injury	<input type="radio"/> School counseling
<input type="radio"/> Intellectual disability: Mild/moderate	<input type="radio"/> Speech/language
<input type="radio"/> Other health impairment	<input type="radio"/> Social work
<input type="radio"/> Physical impairment/orthopedic impairment	<input type="radio"/> Therapeutic recreation
<input type="radio"/> Adapted physical education	<input type="radio"/> Work experience coordinator (employment transition specialist)
<input type="radio"/> Assistive technology	
<input type="radio"/> Bilingual special education/ESL/TESOL	
<input type="radio"/> Early intervention/ early childhood special education/early childhood	
<input type="radio"/> Special education for youth in correctional facilities	
<input type="radio"/> Secondary transition	

If the special education and related services areas above are not appropriate for the training focus of your employment, please provide a brief description of the area of focus for this employment.

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

6. If appropriate, select up to three additional training areas to provide more detailed information about this employment position.

<p><b>I. Special Education</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> General special education, cross-categorical, generic, multi-categorical, or non-categorical</li> <li><input type="checkbox"/> General special education, mild or moderate</li> <li><input type="checkbox"/> Low-incidence disabilities/multiple disabilities/severe intellectual disabilities</li> <li><input type="checkbox"/> Deafness and/or hard-of-hearing</li> <li><input type="checkbox"/> Visual impairment and/or blindness</li> <li><input type="checkbox"/> Deaf-blindness</li> <li><input type="checkbox"/> Combined studies: General education and special education</li> <li><input type="checkbox"/> Developmental delay</li> <li><input type="checkbox"/> Specific learning disabilities</li> <li><input type="checkbox"/> Speech/language impairment</li> <li><input type="checkbox"/> Emotional disturbance/behavioral disorders</li> <li><input type="checkbox"/> Autism</li> <li><input type="checkbox"/> Traumatic brain injury</li> <li><input type="checkbox"/> Intellectual disability: Mild/moderate</li> <li><input type="checkbox"/> Other health impairment</li> <li><input type="checkbox"/> Physical impairment/orthopedic impairment</li> <li><input type="checkbox"/> Adapted physical education</li> <li><input type="checkbox"/> Assistive technology</li> <li><input type="checkbox"/> Bilingual special education/ESL/TESOL</li> <li><input type="checkbox"/> Early intervention/ early childhood special education/early childhood</li> <li><input type="checkbox"/> Special education for youth in correctional facilities</li> <li><input type="checkbox"/> Secondary transition</li> </ul>	<p><b>II. Related Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Audiology</li> <li><input type="checkbox"/> Counseling</li> <li><input type="checkbox"/> Educational diagnostician</li> <li><input type="checkbox"/> Interpreter/ASL</li> <li><input type="checkbox"/> Music therapy</li> <li><input type="checkbox"/> Nursing</li> <li><input type="checkbox"/> Occupational therapy</li> <li><input type="checkbox"/> Orientation &amp; mobility</li> <li><input type="checkbox"/> Paraprofessional</li> <li><input type="checkbox"/> Physical therapy</li> <li><input type="checkbox"/> Psychology</li> <li><input type="checkbox"/> Rehabilitation counseling</li> <li><input type="checkbox"/> School counseling</li> <li><input type="checkbox"/> Speech/language</li> <li><input type="checkbox"/> Social work</li> <li><input type="checkbox"/> Therapeutic recreation</li> <li><input type="checkbox"/> Work experience coordinator (employment transition specialist)</li> </ul>
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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