OSEP PDPDCS REQUIRED SCHOLAR INFORMATION

This form has been provided to grantees for your convenience to capture the information required to complete each scholar record within the PDPDCS. All items marked "*****" are required in the system. Make sure to adhere to appropriate privacy protections when handling any personally identifiable information (PII) collected in this form. Please review the **encryption instructions** on the PDPDCS website for more information. **Do not submit this form in the PDPDCS** - you can use this to collect information from your scholars only.

If you have any questions, please contact the PDPDCS Help Desk at 1-800-285-6276 or **serviceobligation@ed.gov**.

Grant Information To be completed by the Project Director			
Grant Number		Project Title	
Start Date	End Date	Training Focus Area (select one from list below)	

The following documents must be shared with the scholar prior to enrollment:

Service Obligation Regulations (PDF)

Frequently Asked Questions (PDF)

Certification of Eligibility for Federal Assistance in Certain Programs

Pre-Scholarship Agreement

Identifying Information

First Name*	Middle Name	Last Name*

Maiden Name, if applicable	Social Security Number*	Date of Birth

Primary E-Mail Address* (non-university email)	Verify Primary E-Mail Address* (non-university email)

Alternate E-Mail Address	Verify Alternate E-Mail Address

Contact Information

Permanent Address

Address*		Address Line 2	

City*		State*	Zip Code*

Home Phone*		Cell Phone	

Secondary Address

Address		Address Line 2	

City		State	Zip Code

Other Phone		Fax	

Alternate Contact Information
Address and contact information for a relative or other person through which PDPDCS may contact the scholar, if necessary.

First Name	Last Name	
E-Mail Address	Verify E-Mail Address	
Address	Address Line 2	
City	State	Zip Code
Home Phone	Other Phone	

Scholar Demographic Information

1. What is the scholar's gender? (not required)		Male
		Female
2. Is the scholar of Hispanic or Latino origin?		Yes
		No
3. What is the scholar's race? Check all that apply.		American Indian or Alaska Native
		Asian
		Black or African American
		Native Hawaiian or Other Pacific Islander
		White
4. Does this scholar have a disability?		Yes
		No
		Don't know

Scholar Demographic Information		4
5. What is the scholar's current age?		Under 21
		21-29
		30-39
		40-49
		50 and over

Training and Employment Prior to Entry into OSEP Grant Training		
1. Check the degree(s) or certificate(s) orendorsement(s) the scholar held when he/sheentered this OSEP grant-supported training(check all that apply) *		High School Diploma or Equivalency
		Associate's Degree
		Bachelor's Degree
		Master's Degree
		Educational Specialist
		Doctoral Degree
		Postdoctoral Degree
		State or Professional Credential/Certificate
		State-Issued Endorsement
2a. If the scholar was granted a degree/certificate/endorsement prior to entry into this OSEP grant-supported training, the area(s) was: (check all that apply) *		General education
		Outside the field of education
		Special education or related services (Select training area(s) and children with disabilities categories under 2b and 2c)

Training and Employment Prior to Entry into OSEP Grant Training

2b. If the scholar was granted a degree/certificate/endorsement prior to entry into this OSEP grant-supported training, select the training area that best describes the PRIMARY focus of the degree/certificate/endorsement. If appropriate, select up to three additional OTHER FOCUS AREAS to provide more detailed information about the scholar's prior training.	Primary	Other	
			Special Education (General)
			Early Intervention/Early Childhood Special Education
			Speech Language Pathology
			School Psychology
			Occupational Therapy
			Educational Interpreter
			Teaching of Visual Impairments (TVI)
			Physical Therapy
			Audiology
			Adapted Physical Education
			School Counseling
			Orientation & Mobility
			Deaf Education
			Applied Behavior Analysis (ABA)
			Rehabilitation Counseling
			Social Work
			Other (For Leadership Grantees)
2c. Indicate the disability category(s) of the children that the scholar was trained to support prior to entry into this OSEP grant-supported training. Select all that apply. If your program does not focus on a specific disability category, please select "All disabilities."		All disabilities	
		Autism	
		Deaf-blindness	
		Deafness	
		Developmental delay	
		Emotional disturbance	
		Hearing impairment	
		Intellectual disabilities	
		Multiple disabilities	
		Orthopedic impairment	
		Other health impairment	
		Specific learning disability	
		Speech/language impairment	
		Traumatic brain injury	
		Visual Impairment, including blindness	

Training and Employment Prior to Entry into OSEP Grant Training

3. Has this scholar received funding under a differentOSEP training grant?		Yes (Please specify grant number:)
		No
4. Was the scholar employed during the academic year, prior to entry into this OSEP grant-supported training?		Yes (Choose type of employment in Question 5)
		No (Skip Question 5)
5. Choose one type of employment that best describes the pre-entry position of this scholar (if applicable).		Special Education Teacher (School-Age)
		Higher Education (e.g., faculty, research assistant, practicum coordinator)
		Paraprofessional
		Early Interventionist or Early Childhood Special Educator
		Speech Language Pathologist
		Administrator/Coordinator/Supervisor (including the capacity of a principal)
		School Psychologist
		Occupational Therapist
		Interpreter for the Deaf
		Teacher of the Visually Impaired
		Physical Therapist
		Audiologist
		Adapted Physical Educator
		School Counselor
		Orientation & Mobility Specialist
		Deaf Educator
		Applied Behavior Analyst
		Rehabilitation Counselor
		Social Worker
		Other (Please specify: