

## Designated Agency Data Collection: Data Field Specifications

**Purpose:**

Pursuant to Colorado Revised Statute 22-2-112(q), the Colorado Department of Education is directed to collaborate with the department of higher education to prepare an annual report on the effectiveness of educator preparation programs, which include higher education institutions and alternative educator preparation programs. The Colorado Department of Education shall work cooperatively with each alternative educator preparation program to collect candidate data that are required to fulfill CRS 22-2-112(q).

**Dependencies:**

This file has no dependencies.



**Record Expectation:**

Designated Agencies should submit 1 record per candidate per LEA for any candidate enrolled.  
Designated Agencies are required to submit a valid Social Security Number for any candidate enrolled.

**Use Summary:** (Fields from this file are used in the following CDE collections which require Designated Agency effort):

[Designated Agency Data Collection](#)

 - Indicates Primary Key

Name of Field	Field Length	Text Start Position	Text End Position	CSV order	Excel Column	Example	Remarks
<b>CANDIDATE FILE</b>							
<b>* Indicates required</b>							
Designated Agency Code* 	4	1	4	1	A2	1234	Reference website for codes
Program Code (Subprogram Code)	4	5	8	2	B2	1234	Reference website for codes; leave blank if no subprogram code is assigned
Social Security Number* 	9	9	17	3	C2	123456789	



**Designated Agency Data Collection: Data Field Specifications**

First Name*	30	18	47	4	D2		
Last Name*	30	48	77	5	E2		
Gender*	2	78	79	6	F2	01	01-Female or 02-Male
Date of Birth*	8	80	87	7	G2	01011980	Format is MMDDYYYY
Candidate's Ethnicity: Hispanic or Latino*	1	88	88	8	H2	0	0 – No or 1 – Yes
Candidate's Race: American Indian or Alaska Native*	1	87	87	9	I2	0	0 – No or 1 – Yes
Candidate's Race: Asian*	1	88	88	10	J2	0	0 – No or 1 – Yes
Candidate's Race: Black or African American*	1	89	89	11	K2	0	0 – No or 1 – Yes
Candidate's Race: White*	1	90	90	12	L2	0	0 – No or 1 – Yes
Candidate's Race: Native Hawaiian or Other Pacific Islander*	1	91	91	13	M2	0	0 – No or 1 – Yes
Enrollment Date*	8	92	99	14	N2	07012016	Format is MMDDYYYY
Teacher or Principal*	1	100	100	15	O2	1	1-Teacher or 2-Principal
Year in Program*	1	101	101	16	P2	1	1-First Year, 2-Second Year or 3-Third Year
Endorsement Area*	4	102	105	17	Q2	1234	eKey



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Enrollment Status*	1	106	106	18	R2	1	1 - Currently enrolled - full time, 2 - Completed or 3 - Candidate withdrew
Program Recommendation	1	107	107	19	S2	1	0-No or 1-Yes. Cannot be blank if Enrollment Status is "2"; otherwise leave blank.
Completion Date	8	108	115	20	T2	07012017	Format is MMDDYYYY. Cannot be blank if Enrollment Status is "2"; otherwise leave blank.

**BACKGROUND INFORMATION**

**NOTE: No blanks are allowed for required fields.**

**Designated Agency Code:** A unique 4-digit code assigned to each designated agency by CDE. Refer to the Excel table on CDE’s website for list of codes.

**Program Code:** Only applicable for designated agencies with multiple programs; program code is required for applicable agencies. A unique code assigned to each designated agency with a program by CDE.  
Refer to the Excel table on CDE’s website for a list of codes.

**Social Security Number:** A 9-digit code assigned to an individual under the Federal Insurance Contribution Act.

**First Name:** An individual’s first name.

**Last Name:** An individual’s last name.

**Gender:** An individual’s sex.

01	Female
02	Male



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**Date of Birth:** The month, date, and year on which an individual was born.

**Candidate's Ethnicity: Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin", can be used in addition to "Hispanic or Latino". **Field response is required for all individuals. Please also make sure one of the five race options is marked "yes" to avoid data errors.**

0	No—Not Hispanic or Latino
1	Yes— Hispanic or Latino

**Candidate's Race: American Indian or Alaska Native** - A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community recognition.

0	No—Not American Indian or Alaska Native
1	Yes—American Indian or Alaska Native

**Candidate's Race: Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

0	No—Not Asian
1	Yes—Asian

**Candidate's Race: Black or African American** - A person having origins in any of the Black racial groups of Africa.

0	No—Not Black
1	Yes—Black



**Designated Agency Data Collection: Data Field Specifications**

**Candidate's Race: White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<b>0</b>	<b>No—Not White</b>
<b>1</b>	<b>Yes—White</b>

**Candidate's Race: Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

<b>0</b>	<b>No—Not Native Hawaiian or Other Pacific Islander</b>
<b>1</b>	<b>Yes—Native Hawaiian or Other Pacific Islander</b>

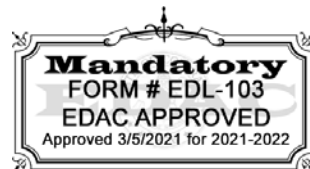
**Enrollment Date:** Date first enrolled in alternative education program.

**Enrollment Status:** Candidate's current enrollment status.

<b>1</b>	Currently enrolled – full time
<b>2</b>	Completed
<b>3</b>	Candidate withdrew

**Teacher or Principal:** Candidate's school role.

<b>1</b>	Teacher
<b>2</b>	Principal



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**Year in Program:** The program year in which the candidate is currently enrolled or registered.

<b>1</b>	First Year
<b>2</b>	Second Year
<b>3</b>	Third Year

**Endorsement Area:** The endorsement for which the candidate is currently enrolled or registered. Each designated agency may only indicate endorsements for which they are authorized. **Please reference Excel list on CDE’s website for e-key code.**

**Program Recommendation:** Candidate has completed all the necessary requirements for program recommendation towards licensure.

<b>1</b>	Yes
<b>0</b>	No

**Completion Date:** Date candidate completed program.

**Document Changes**

<b>Date</b>	<b>Description of change</b>	<b>Reason for change</b>	<b>Elements affected</b>
9/28/2017	Document Created		

