

LIST OF DATA FIELDS - HIGH COST SPECIAL EDUCATION PROGRAM REPORT

DCI Number/Fiscal Year:

471989 (2020-2021)

Purpose:

As per funding agreement

Reporting Period:

As per funding agreement

Due Date:

As per funding agreement

Legend:

- Auto-Calc: Automatically calculated field.
- Auto-Fill: Automatically filled field.
- Mandatory: Field must be completed by recipient to reduce potential delays in processing as Regional Office staff may need to contact recipients for incomplete reports.
- Pre-Populated: Data field is Pre-Populated with information contained in the proposal submitted to the department.
- Roll-Over: Data that has been rolled-over from the previous years' submitted report.

IMPORTANT:

The list below is a representation of the data fields. The actual reports are available on the [ISC Services Portal](#) or through your Regional Office. Some of these reports will be available with your pre-populated data, which will save you preparation time. If you have any questions please contact your Regional Office.

Field Descriptions:

REPORT IDENTIFICATION

This section of the form is used for identification and tracking purposes. The fiscal year and reporting period are automatically filled with the relevant information.

| | |
|------------------------------|---|
| Fiscal Year (Rolled-Over) | The fiscal year is entered automatically. |
| Period (Set to Annual) | The time period on which you are reporting. |

ORGANIZATION IDENTIFICATION

This section is used to identify the organization completing the report and the Recipient who has the reporting requirement with Indigenous Services Canada (ISC).

| | |
|--|--|
| <p>Are you the prospective RECIPIENT of funds directly from ISC? (Auto-fill and Mandatory)</p> | <p>This is a Yes or No answer that causes the form to display only those sections that are relevant to you. . The answer is defaulted to Yes.</p> <p>'Yes' indicates that your organization receives funding directly from ISC.</p> <p>'No' indicates that it is a sub-report. Only some of the fields are displayed. Also, refer to Reporting Organization Contacts on the next page.</p> |
| <p>Recipient Number (Rolled-Over and Mandatory)</p> | <p>The recipient ID number as assigned by ISC. Important: Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary.</p> |
| <p>Recipient Name (Rolled-Over and Mandatory)</p> | <p>The official name of the Recipient of ISC funds.</p> |
| <p>Organization Type (Rolled-Over and Mandatory)</p> | <p>A dropdown list of possible organizations that could complete a Proposal.</p> |
| <p>Organization Name (Rolled-Over and Mandatory)</p> | <p>The official name of your organization. This field is automatically populated when you enter the Organization No. in the next field and vice versa.</p> |
| <p>Organization Number (Rolled-Over and Mandatory)</p> | <p>The official number of your organization. Some Organization Types do not require an Organization Number.</p> |
| <p>Telephone Number (GCIMS and Mandatory)</p> | <p>The organization's telephone number.</p> |
| <p>Extension Number (GCIMS)</p> | <p>The extension number, if applicable.</p> |
| <p>Fax Number (GCIMS)</p> | <p>The organization's facsimile number.</p> |
| <p>E-mail Address (GCIMS)</p> | <p>The e-mail address of the organization's contact, if available.</p> |
| <p>Web site (GCIMS)</p> | <p>The home page URL for the organization's web site.</p> |
| <p>Mailing Address</p> | |
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code <p>(GCIMS and Mandatory)</p> | <p>The address or P.O. Box at which the party can be reached by mail.</p> |
| <p>Reporting Organization Contacts (Sub-reports only)</p> | |
| <p>Provide the Reporting Organization's contact information as requested by your Recipient Organization.</p> | <p>Sub-reports have a Reporting Organization Contacts section where contact information is provided in a text field so that the Recipient Organization knows who to contact if there are questions.</p> |

LIST OF REPORTING ORGANIZATIONS

Use this section to list the organizations that are providing you with their information in separate forms or XML files exported from their SIS.

| | |
|---|--|
| Reporting Organization - Type - Name - Number - Total Budget - File Name Attached (Rolled-Over) | Data fields will automatically be populated from the Sub-Report once attached. |
|---|--|

CONTACTS

Primary Contact Information

The Primary Contact is the person who is responsible for the DCI when completed. The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.

| | |
|---|--|
| Given Name (Rolled-Over and Mandatory) | The given name or first name. |
| Family Name (Rolled-Over and Mandatory) | The family name or surname. |
| Title/Position (Rolled-Over and Mandatory) | The contact's job title or position. |
| Telephone Number (Rolled-Over and Mandatory) | The contact's telephone number. |
| Extension Number (Rolled-Over) | The extension number, if applicable. |
| Fax Number (Rolled-Over) | The contact's facsimile number, if available. |
| E-mail Address (Rolled-Over) | The e-mail address of the contact, if available. |

Mailing Address

| | |
|--|--|
| - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Rolled-Over and Mandatory) | The address or P.O. Box at which the party can be reached by mail. |
|--|--|

Street Address

Same as Mailing Address

If selected, the fields below will automatically be populated.

| | |
|---|---|
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Rolled-Over and Mandatory) | The street address. |
| Secondary Contact Information | |
| Do you want to specify a secondary contact? | Yes or No - if Yes is selected, the same fields are mandatory as the Primary Contact. |
| Given Name (Rolled-Over and Mandatory) | The given name or first name. |
| Family Name (Rolled-Over and Mandatory) | The family name or surname. |
| Title/Position (Rolled-Over and Mandatory) | The contact's job title or position. |
| Telephone Number (Rolled-Over and Mandatory) | The contact's telephone number. |
| Extension Number (Rolled-Over) | The extension number, if applicable. |
| Fax Number (Rolled-Over) | The contact's facsimile number, if available. |
| E-mail Address (Rolled-Over) | The e-mail address of the contact, if available. |
| Mailing Address | |
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Rolled-Over and Mandatory) | The address or P.O. Box at which the party can be reached by mail. |
| Street Address | |
| Same as Mailing Address If selected, the fields below will automatically be populated. | |
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Rolled-Over and Mandatory) | The street address. |
| Clients Served | |

If you indicated that you are a Recipient in the Organization Identification section, you can report on Indirect services you provided to schools and Direct services provided by your schools to students. If you indicated that you are a Delivery Organization, you can report only on Direct services provided by your schools to students.

Direct Services

Important: Delivery Organizations are schools and clients are students.

School Information

| | |
|--|---|
| Delivery Organization Type (Rolled-Over and Mandatory) | Automatically populates with Elementary/Secondary School. |
| Delivery Organization Name (Rolled-Over and Mandatory) | The official school name. |
| Delivery Organization Number (Rolled-Over and Mandatory) | The school identification number. |
| Approach Used for Identifying High Cost Special Education Needs (Mandatory) | The evaluation method used by the school to assess children's needs, if applicable. |

Student Information

| | |
|---|---|
| Reference Number (Rolled-Over and Mandatory) | The unique ID number that the school uses to identify the student. If this number is the same from year to year, you can trace HCSEP information back to your student records. Note: ISC does not use this data field. |
| Sex (Rolled-Over and Mandatory) | The sex of the student. |
| Enrolled and in attendance Sept 30 (Mandatory) | Indicate whether the student is both enrolled at this school and was attending on September 30. Source: Nominal Roll. |
| Category of Exceptionality (Rolled-Over and Mandatory) | The category in which the student is exceptional. |
| IEP in Place (Mandatory) | Indicate whether there is an Individual Education Plan for the student that the school is following. |
| Professional Assessment Status (Mandatory) | Indicate whether the student's needs are up-to-date. |
| Objective (Rolled-Over and Mandatory) | A dropdown list of possible objectives. |
| Activity (Mandatory) | The type of service the student needed as per their IEP. |
| Were the activities completed and services delivered as described in the approved funding proposal? (Mandatory) | Select Yes or No |
| Explanation (Mandatory) | Provide a detailed explanation as to why some activities were not completed or services not delivered as per the approved funding proposal. |

Indirect Services

Important: Clients are schools for Indirect Services.

School Information

| | |
|--|---|
| Client Type (Rolled-Over) | Automatically populates with Elementary/Secondary School. |
| Client Name (Rolled-Over and Mandatory) | The official school name. |
| Client Number (Rolled-Over) | The school identification number. |
| Objective (Rolled-Over) | Automatically populates Indirect Services. |
| Activity (Rolled-Over) | Automatically populates Indirect Services. |

EXPENSE BY OBJECTIVE

Delivery Organization, Objectives, Activities and Expenses

| | |
|--------------------------------|---|
| Objective (Rolled-Over) | This field is automatically populated from the Clients Served section. |
| Activity Type (Rolled-Over) | This field is automatically populated with the relevant activity or activities for the Objective. There is no Activity Name field in the HCSEP Report. |
| Expense Type (Mandatory) | A list of possible Expense Types. |
| Amount Spent (Mandatory) | The amount spent on this Activity for this objective. |
| Explanation (Mandatory) | An explanation of the amount spent. |
| Total (Auto-Calc) | Automatically calculated. |

Summary of Expenses

This section is a summary of all amounts requested from ISC by your organization and is where you enter administration costs.

| | |
|---|---|
| Sub-Total Amount before Program Administration Costs (Auto-Calc) | A sub-total before administration costs. This field is automatically calculated. |
| Administration Costs (Mandatory) | The cost for administration for this fiscal year. |
| Total Requested (Auto-Calc) | This field is automatically calculated. |
| Program Administration Costs (Percentage) (Auto-Calc) | The Administration Costs are expressed as a percentage and are automatically calculated. It should not exceed 10% of the Sub-Total before Administration Costs. |

COSTS

Calculate Button
(Auto-Calc and Mandatory)

A button used to display the summary of costs. The information is automatically populated from the Expense section.

There is a table listing the Expense Types, the Amounts Spent, Program Administration costs and percentage and the Total.

PARTNERS

A Partner is an organization that has provided funding or in-kind contributions to the project. If you add a Partner Organization, these fields become mandatory.

Partner Organization Type
(Rolled-Over and Mandatory)

A dropdown list of possible organizations that could be partners.

Partner Organization Name
(Rolled-Over and Mandatory)

Official name of your partner.

Partner Organization Number
(Rolled-Over and Mandatory)

The partner's identification number if available. This field is only mandatory if the partner has an identification number.

In-Kind Contribution

A check box to indicate an in-kind contribution.

Amount
(Mandatory)

The amount received from the Partner.

Explanation
(Mandatory)

A detailed explanation to describe the type of in-kind contribution expected or received or the main purpose of the funds received.

SUPPORTING DOCUMENTS

If you add a Supporting Document, these fields become mandatory.

Type of Supporting Document
(Mandatory)

A dropdown list of the types of mandatory documents. If there are no mandatory documents, the only available item is Other.

Name of Supporting Document
(Mandatory)

The title and file name of the supporting document.

Method of Submission
(Mandatory)

A dropdown list of possible submission methods.

File Name Attached
(Mandatory)

The file name of the attached document will appear automatically.

DECLARATION

Given Name
(Mandatory)

The given name or first name.

Family Name
(Mandatory)

The family name or surname.

Title
(Mandatory)

The job title or position.

Date (YYYYMMDD)
(Auto-calc and Mandatory)

Today's date, in the format of Year, Month and Day.

