

PowerSchool Data Dictionary

Data	PowerSchool Field Name	Additional Information
Student Number	Student_Number	
Registration – Enrollment Page		
STN Number	State_StudentNumber	
Enroll Status	Enroll_Status	-1=Pre-enrolled 0 =transferred 1=Enrolled
First Name	First_Name	
Middle Name	Middle_Name	
Last Name	Last_Name	
Suffix	Suffix_Name	
Gender	Gender	
Date of Birth	DOB	
Social Security Number	SSN	
Grade	Grade_Level	
School	SchoolID	
Student Cell Phone	U_Demo.Student_Cell	
Home/Primary Phone	Home_Phone	
Address	Street	
City	City	
State	State	
Zip	Zip	
Mailing Address	Mailing_Street	
Mailing City	Mailing_City	
Mailing State	Mailing_State	
Mailing Zip	Mailing_Zip	
Ethnicity	Ethnicity	1=Am Indian 2=Black 3=Asian 4=Hispanic 5=White 6=Multi 7=Pacific Islander
Date of Birth	DOB	
Country of Birth	IN_Country_Of_Origin	
Birth Place	U_Demo.Birth_Place	
Home Language	U_Demo.home_language	
Native Language	IN_native_language	
Child lives with	U_Demo.Lives_With	
Mother is deceased	U_demo.mother_deceased	
Mother Name	Mother	
Mother Email	U_Demo.motheremail	
Mother does not have email	U_demo.mother_noemail	
Mother Address	U_Demo.m_mailing_street	
Mother City	U_Demo.m_mailing_city	
Mother State	U_Demo.m_mailing_state	
Mother Zip	U_Demo.m_mailing_zip	

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Mother Home Phone	studentcorefields.mother_home_phone	
Mother Cell Phone	U_Demo.Mother_cell_Phone	
Mother Employer	studentcorefields.mother_employer	
Mother Employer Phone	studentcorefields.motherdayphone	
Mother Needs Translator	U_Demo.m_needs_translator	
Father is deceased	U_demo.father_deceased	
Father Name	Father	
Father Email	U_Demo.fatheremail	
Father does not have email	U_demo.father_noemail	
Father Address	U_Demo.f_mailing_street	
Father City	U_Demo.f_mailing_city	
Father State	U_Demo.f_mailing_state	
Father Zip	U_Demo.f_mailing_zip	
Father Home Phone	studentcorefields.father_home_phone	
Father Cell Phone	U_Demo.father_cell_Phone	
Father Employer	studentcorefields.father_employer	
Father Employer Phone	studentcorefields.fatherdayphone	
Father Needs Translator	U_Demo.f_needs_translator	
Guardian Name	studentcorefields.guardian	
Guardian Email	guardianemail	
Guardian does not have email	U_demo.guardian_noemail	
Guardian Relationship	studentcorefields.guardianship	
Explain Relationship	U_demo.guardian_other_exp	
Guardian Address	U_Demo.g_mailing_street	
Guardian City	U_Demo.g_mailing_city	
Guardian State	U_Demo.g_mailing_state	
Guardian Zip	U_Demo.g_mailing_zip	
Guardian Home Phone	U_Demo.guardian_home_phone	
Guardian Cell Phone	U_Demo.guardian_cell_phone	
Guardian Employer	U_Demo.guardian_employer	
Guardian Employer Phone	studentcorefields.guardiandayphone	
Guardian Needs Translator	U_Demo.g_needs_translator	

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Emergency Contact Page		
Emergency Contact 1 Name	Emerg_contact_1	
Emergency Contact 1 Phone 1	Emerg_phone_1	
Emergency Contact 1 Phone 2	U_Demo.Emerg_1_phone2	
Emergency Contact 1 Phone 3	U_demo.Emerg_1_phone3	
Emergency Contact 1 Relationship	studentcorefields.emerg_1_rel	
Emergency Contact 1 Can student be released to this contact?	U_demo.emerg_1_release	1=yes
Emergency Contact 2 Name	U_demo.emerg_2_contact	
Emergency Contact 2 Phone 1	U_Demo.Emerg_phone_3	
Emergency Contact 2 Phone 2	U-Demo.emerg_2_phone2	
Emergency Contact 2 Phone 3	Emerg_phone_2	
Emergency Contact 2 Relationship	studentcorefields.emerg_2_rel	
Emergency Contact 2 Can student be released to this contact?	u_demo.emerg_2_release	
Emergency Contact 3 Name	studentcorefields.emerg_contact_3	
Emergency Contact 3 Phone 1	studentcorefields.emerg_3_phone	
Emergency Contact 3 Phone 2	u_demo.emerg_3_phone2	
Emergency Contact 3 Phone 3	u_demo.emerg_3_phone3	
Emergency Contact 3 Relationship	studentcorefields.emerg_3_rel	
Emergency Contact 3 Can student be released to this contact?	u_demo.emerg_3_release	
Primary Doctor's Name	doctor_name	
Doctor's Phone Number	doctor_phone	
Preferred Hospital	u_health.preferred_hospital	

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Health Information Page		
Allergies	u_health.he_alg	1=Yes, 2=No
Needs Epi-Pen injection if exposed	u_health.he_alg_epi	1=Yes, 2=No
Food Allergy	U_health.he_food_allergy	1=Yes, 2=No
List food allergens	u_health.he_food_allergens	
List usual Food Allergy symptoms	u_health.he_food_Sympt	
Date of Food Allergy last reaction	u_health.he_food_date_last	
Sit at Food Allergen Free Table	u_health.he_food_al_table	1=Yes, 2=No
Seasonal Allergy	u_health.he_sesonal_allergy	1=Yes, 2=No
List seasonal allergens	u_health.he_seasonal_al_list	
List usual Seasonal Allergy symptoms	u_health.he_seasonal_al_sym	
Date of Seasonal Allergy last reaction	u_health.he_seasonal_date_last	
Insect Allergy	u_health.he_insect_allergy	
List insect allergens	u_health.he_insect_al_list	
List usual Insect Allergy symptoms	u_health.he_insect_al_sym	
Date of Insect Allergy last reaction	u_health.he_insect_date_last	
What is your usual allergy treatment plan?	u_health.he_insect_al_treat	
Asthma	u_health.he_asthma	1=Yes, 2=No
Asthma Severity	u_health.he_asthma_sev	1=Mild, 2=Severe
Asthma Trigger: Cold/flu	u_health.he_asthma_cold	1=Yes, Blank=No
Asthma Trigger: Extreme heat or cold	u_health.he_asthma_temp	1=Yes, Blank=No
Asthma Trigger: Exercise	u_health.he_asthma_exc	1=Yes, Blank=No
Asthma Trigger: Pollens	u_health.he_asthma_pol	1=Yes, Blank=No
Asthma Trigger: Insects	u_health.he_asthma_ins	1=Yes, Blank=No
Asthma Trigger: Smoke	u_health.he_asthma_smo	1=Yes, Blank=No
Asthma Trigger: Latex	u_health.he_asthma_lat	1=Yes, Blank=No
Asthma Trigger: Animals	u_health.he_asthma_ani	1=Yes, Blank=No
Medication allergy	u_health.he_asthma_med	1=Yes, Blank=No
What medicine triggers Asthma	u_health.he_asthma_med_exp	
Food allergy	u_health.he_asthma_food	1=Yes, Blank=No
What food triggers Asthma	u_health.he_asthma_food_exp	
Other	u_health.he_asthma_oth	1=Yes, Blank=No
Other Asthma triggers	u_health.he_asthma_oth_exp	
Wheezing Relief: Breathing exercises	u_health.he_asthma_breathing	1=Yes, Blank=No
Wheezing Relief: Uses inhaler	u_health.he_asthma_inhaler	1=Yes, Blank=No

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Wheezing Relief: Uses nebulizer	u_health.he_asthma_neb	1=Yes, Blank=No
Wheezing Relief: Drinks water	u_health.he_asthma_water	1=Yes, Blank=No
Wheezing Relief: Rest/relaxation	u_health.he_asthma_rest	1=Yes, Blank=No
Wheezing Relief: Other	u_health.he_asthma_wheez_other	1=Yes, Blank=No
Wheezing Relief: Other explain	u_health.he_asthma_wheez_other_exp	
How often does your student see a doctor for asthma evaluation?	u_health.he_asthma_dr_eval	
How many times has your student been treated in the ER in the past year for asthma?	u_health.he_asthma_ER	
How many school days do you estimate your student missed last school year?	u_health.he_asthma_Miss_days	
Diabetes	u_health.he_diabetes	1=Yes, 2=No
Diabetes Type	u_health.he_diabetes_type	1=Type 1, 2=Type 2
Date of diagnosis of diabetes	u_health.he_diabetes_date	
Student takes insulin by	u_health.he_diabetes_ins_by	
Usual blood sugar range	u_health.he_diabetes_range	
Usual signs/symptoms of low blood sugar	u_health.he_diabetes_low_sym	
Usual/favored treatment for low blood sugar	u_health.he_diabetes_low_treat	
Usual signs/symptoms of high blood sugar	u_health.he_diabetes_high_sym	
Usual/favored treatment for High blood sugar	u_health.he_diabetes_high_treat	
Name of diabetes physician	u_health.he_diabetes_dr	
Name of diabetes medical center	u_health.he_diabetes_med_cen	
Physician phone number	u_health.he_diabetes_doc_num	
Seizure Disorder	u_health.he_seizure	1=Yes, 2=No
Diagnosed by a physician	u_health.he_seizure_diag_dr	1=Yes, 2=No, Blank=No
Diagnosed by EEG	u_health.he_seizure_diag_eeg	1=Yes, 2=No, Blank=No
Name of treating physician	u_health.he_seizure_dr	
Date of last seizure	u_health.he_seizure_date	
ABSENCE	u_health.he_seizure_abs	1=Yes, 2=No, Blank=No
ABSENCE Length	u_health.he_seizure_abs_len	
ABSENCE Frequency	u_health.he_seizure_abs_fre	
ABSENCE Description	u_health.he_seizure_abs_desc	
GRAND MAL	u_health.he_seizure_grand	1=Yes, 2=No, Blank=No

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GRAND MAL Length	u_health.he_seizure_grand_len	
GRAND MAL Frequency	u_health.he_seizure_grand_fre	
GRAND MAL Description	u_health.he_seizure_grand_desc	
PARTIAL/COMPLEX	u_health.he_seizure_partial	1=Yes, 2=No,Blank=No
PARTIAL/COMPLEX Length	u_health.he_seizure_partial_len	
PARTIAL/COMPLEX Frequency	u_health.he_seizure_partial_fre	
PARTIAL/COMPLEX Description	u_health.he_seizure_partial_desc	
Taking medication daily for seizure disorder?	u_health.he_seizure_med	1=Yes, 2=No,Blank=No
Call 911 if seizure at school lasts more than 5 minutes?	u_health.he_seizure_over_five	1=Yes, 2=No,Blank=No
Call 911 if seizure lasts less than 5 minutes	u_health.he_seizure_less_five	1=Yes, 2=No,Blank=No
Mental Disorder	u_health.he_mental	1=Yes, 2=No
Depression	u_health.he_mental_dep	1=Yes, 2=No,Blank=No
Anxiety	u_health.he_mental_anx	1=Yes, 2=No,Blank=No
OCD	u_health.he_mental OCD	1=Yes, 2=No,Blank=No
ODD	u_health.he_mental_odd	1=Yes, 2=No,Blank=No
Bipolar disorder	u_health.he_mental_polar	1=Yes, 2=No,Blank=No
My student is taking medication for the mental disorder	u_health.he_mental_med	1=Yes, 2=No,Blank=No
My student is regularly seeing a physician for the disorder	u_health.he_mental_phys	1=Yes, 2=No,Blank=No
My student is receiving counseling for this disorder	u_health.he_mental_coun	1=Yes, 2=No,Blank=No
Has your student ever been hospitalized for any mental disorders?	u_health.he_mental_hosp	1=Yes, 2=No,Blank=No
If so, what are the last dates of hospitalization?	u_health.he_mental_hosp_date	
What hospital was the student brought to?	u_health.he_mental_hosp_name	
Does your student have any history of self-harm?	u_health.he_mental_harm	1=Yes, 2=No,Blank=No
Please describe Self-harm	u_health.he_mental_harm_desc	
What was the last date of self-harm concern?	u_health.he_mental_harm_date	
Autism	u_health.he_autism	1=Yes, 2=No
Was this diagnosed by a physician or health professional?	u_health.he_autism_diag	1=Yes, 2=No,Blank=No
Attention Deficit Disorder	u_health.he_add	1=Yes, 2=No
Was this diagnosed by a physician?	u_health.he_add_dr	1=Yes, 2=No,Blank=No

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Eye / Vision Problems	u_health.he_vision	0=No, Glasses, Contacts, Other
Vision: Please explain	u_health.he_vision_other	
Blood Disorder	u_health.he_blood	1=Yes, 2=No
Name of disorder	u_health.he_blood_type	
Bone / Joint Problems	u_health.he_bone	1=Yes, 2=No
Describe problem	u_health.he_bone_type	
Bowel / Bladder Problems	u_health.he_bowel	1=Yes, 2=No
Describe problem	u_health.he_bowel_type	
Ear / Hearing Problems	u_health.he_hear	1=Yes, 2=No
Describe problem	u_health.he_hear_type	
Hearing Aid	u_health.he_hear_aid	1=Yes, 2=No, Blank=0
Genetic Disorder	u_health.he_genetic	1=Yes, 2=No
Describe problem	u_health.he_genetic_type	
Serious Injury	u_health.he_serious	1=Yes, 2=No
When/Type	u_health.he_serious_type	
Has student been hospitalized?	u_health.he_hospital	1=Yes, 2=No
When/Reason	u_health.he_hospital_type	
Surgery(s)	u_health.he_surgery	1=Yes, 2=No
Describe Surgery	u_health.he_surgery_type	
TB/TB Contact	u_health.he_tb_contact	1=Yes, 2=No
Eating Disorder	u_health.he_eating	Anorexia, Bulimia, 0=No
Was the child born premature?	u_health.he_born	1=Yes, 2=No
How many weeks/days early?	u_health.he_born_wk	
Does your child take medications?	u_health.he_med	1=Yes, 2=No
Medication 1 Name	u_health.he_med_1	
Medication 1 Dose	u_health.he_med_1_dose	
Medication 1 Taken at school	u_health.he_med_1_sc	
Medication 2 Name	u_health.he_med_2	
Medication 2 Dose	u_health.he_med_2_dose	
Medication 2 Taken at school	u_health.he_med_2_sc	
Medication 3 Name	u_health.he_med_3	
Medication 3 Dose	u_health.he_med_3_dose	
Medication 3 Taken at school	u_health.he_med_3_sc	
Medication 4 Name	u_health.he_med_4	
Medication 4 Dose	u_health.he_med_4_dose	
Medication 4 Taken at school	u_health.he_med_4_sc	
Other Medical Problems	U_Health.He_other	
Comments/Concerns	U_Health.He_concerns	
Chrip Release	U_Release.Chrip_Release	1=Yes, 2=No

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Shared Medical Release	U_Health.He_Shared	1=Yes, 2=No
Field Trip Release	U_Release.Field_trip_release	1=Yes, 2=No
Picture, video, photos on web, family information Release	U_Release.information_Release	1=Yes, 2=No
I Agree - Fees	U_Release.fees_Agreement	1=Yes, 2=No
I Agree - Internet	U_Release.internet_agreement	1=Yes, 2=No
Does your child have internet access at your home?	U_Release.internet_access	1=Yes, 2=No
I Agree – Info to Military	U_Release.Military_Release	1=Yes, 2=No
Would you be interested in a free 4 week half day Kindergarten Camp this summer (transportation provided)?	U_LSC.kind_camp	1=Yes, 2=No
Did your child attend pre-school?	U_demo.pre_school_1	1=Yes, 2=No
Permission to release your child's name and phone number to United Way	U_LSC.reg_unitedway	1=Yes, 2=No
I Agree – Registration Inforamtion correct	U_release.disclaimer_1	1=Yes, 2=No
Electronic Signature of Parent/Guardian Registering student	U_release.disclaimer_1_name	
Date of Signature	u_release.signature_date	
Student next year registration	u_lsc.next_year_reg	16-17
Has the student ever attended an LSC School?	U_Demo.Prev_LSC	
Most recent LSC school attended	U_Demo.Prev_LSC_Name	
Name of previous Non LSC school	U_Demo.Prev_School	
City of previous Non LSC school	U_Demo.Prev_School_Address	
State of previous Non LSC school	U_Demo.Prev_School_Address	
Homeless	IN_homeless	0 or Blank=Not Homeless 1= Doubled up 2=Sheltered 3=Unsheltered 4=Hotel or motel
Are you a student under the age of 18 and living without your parents or guardian?	Unaccompanied_Youth	

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Is the child a student of an active duty parent in the Armed Forces?	U_demo.active_duty	