

Last Modified on 06/27/2025 10:19 am CDT

Amend Date Logic | Editors | Plan Information | Student Information | Parent/Guardian Information | Enrollment Information | Team Meeting | Present Levels of Performance | Consideration of Special Factors | Measurable Postsecondary Goals | Transition Course of Study | Transition Services/Coordinated Set of Activities | Educational Goals and Objectives | Progress Reporting | Assessment Accommodations | Accommodations and Modifications | State/District-wide Assessment Accommodations | Special Education Services | Related Services | ESY Services | Least Restrictive Environment | Extended School Year | Medicaid Consent | Prior Written Notice | Acknowledgments

Tool Search: Special Ed Documents

The Individual Education Plan captures student special education plan information and matches the required documentation provided by the state of South Dakota. This document describes each editor, a description of each field on the editor, and any special considerations and instructions. For information on general functionality, navigation, and additional plan and evaluation features, see the core <u>Plan and Evaluation Information</u> article.

The current format of this document is the **SD IEP 2025 Format**. Plan formats are selected in <u>Special Ed Plan Types</u> tool.

- South Dakota IEP 2025
- South Dakota IEP 2025 with Transition (Currently Documented)

Editor Home - **SD IEP 2024.1 (
NAME	STATUS	MODIFIED BY	COMPLETED BY
Plan Information	(IN PROGRESS)	Administration Administration 9/24/24 12:23 PM	>
Student Information	(IN PROGRESS)	Administration Administration 9/25/24 8:53 AM	>
Parent/Guardian Information	(IN PROGRESS)	Administration Administration 9/25/24 8:55 AM	>
Enrollment Information	(IN PROGRESS)	Administration Administration 9/25/24 9:00 AM	>
Team Meeting	(IN PROGRESS)	Administration Administration 9/25/24 9:14 AM	>
Present Levels of Performance	(NOT STARTED)		>
	Editor Home		



Amend Date Logic

After amending a plan, the following date logic applies:

- The Start Date of the plan becomes the Amendment Date.
- The original plan End Date does NOT change.
- All Service Dates are changed to the Amendment Date, but retain the original End Date.

Editors

The following table lists the editors available in the South Dakota IEP plan types. When an editor is marked as Not Needed, it does not print.

Editor	South Dakota IEP UI & Print	South Dakota IEP with Transition UI & Print
Plan Information	Х	Х
Student Demographics	Х	Х
Parent/Guardian Information	Х	Х
Enrollment Status	Х	Х
Team Meeting	Х	Х
Present Levels of Performance	Х	Х
Consideration of Special Factors	Х	Х
Measurable Postsecondary Goals	Х	Х
Transition Course of Study		Х
Transition Services/Coordinated Set of Activities		Х
Educational Goals and Objectives	Х	Х
Progress Reporting	Х	Х
Assessment Accommodations	Х	Х
Accommodations and Modifications	Х	Х



Editor	South Dakota IEP UI & Print	South Dakota IEP with Transition UI & Print
State/District-wide Assessment Accommodations	Х	X
Special Education Services	Х	Х
Related Services	Х	Х
ESY Services	Х	Х
Least Restrictive Environment	Х	Х
Extended School Year	Х	Х
Medicaid Consent	Х	Х
Prior Written Notice	Х	Х
Acknowledgments	Х	Х

Plan Information

The Plan Header editor stores plan information as well as related dates.

This editor must be saved before entering data into other editors.

leeting Type *	Specify Other	Date Dismissed from Service
Annual Review of IEP	▼	month/day/year
ate of Meeting *	Date Services Begin *	Annual Review Date *
06/02/2025	06/16/2025	06/02/2026
Year Eval Date	Eligibility Determination Date	
month/day/year	month/day/year	

Click here to expand...

Field	Description	Validation
-------	-------------	------------



Field	Description	Validation
Meeting Type Required	 The type of meeting. Options include: Initial Eligibility, IEP, Placement Annual Review of IEP Three Year Reevaluation Dismissal from Services Parent Request Other 	N/A
Specify Other *Required	The other reason for the meeting.*This field is available and required when Other is sele as the Meeting Type.This field is limited to 100 characters.	
Date Dismissed from Service *Required	The day the student was dismissed from services.	*This field is available and required when Dismissal from Services is selected as the Meeting Type.
Date of Meeting Required	The day the team met.	N/A
Date Services Begin Required	The day services began.This date must be before to Annual Review Date.	
Annual Review Date Required	The annual review date. This serves as the end da services, where applicable	
3-Year Eval Date	The day of the three-year evaluation date.This date automatically populates from the most locked Evaluation. This datecalculates to the Evaluationplus 3 years and a day.	
Eligibility Determination Date	The day the eligibility determination was made.This date automatically populates from the most locked Evaluation.	

Student Information

The Student Information editor pulls demographic information regarding the student. This is a read-only editor.



The **Refresh** button retrieves a fresh copy of data from the student's record.

Student Information			Editor 2 of 20
When a Plan is generated	d, a snapshot of the student's inform	ation is taken from Census. Click Refres	h to retrieve current student information.
Last Name	First Name Tristen	Middle Name Allen	Suffix
Age 18	Birthdate	Gender M	Race, Ethnicity (state) White, not Hispanic
Home Primary Language AAR: Afar			
Address	SD 57501		State ID
Case Manager Information			
Name Billie Sue		Title	
Phone			
	St	tudent Information Editor	

• Click here to expand...

Field Name	Description	Database and UI Location (when Refreshed is clicked)
Last Name	The student's last name.	Demographics > Last Name identity.lastName
First Name	The student's first name.	Demographics > First Name identity.firstName
Middle Name	The student's middle name.	Demographics > Middle Name identity.middleName
Suffix	The student's suffix.	Demographics > Suffix Name identity.suffix
Age	The student's age.	Demographics > Birth Date (calculated) identity.birthDate (calculated)
Birthdate	The student's birthdate.	Demographics > Birth Date identity.birthDate



Field Name	Description	Database and UI Location (when Refreshed is clicked)	
Gender	The student's gender.	Demographics > Gender	
		identity.gender	
Race, ethnicity (state)	The student's ethnicity determination.	Demographics > State Race/Ethnicity identity.raceEthnicity	
Home Primary Language	The language the student primarily speaks at home.	Demographics > Home Primary Language identity.homePrimaryLanguage	
Address	The student's address. This field is read-only unless the student has multiple addresses. In that case, this field is a dropdown with the addresses listed.	Households > Address Info address.number; address.street; address.tag; address.prefix; address.dir; address.apt; address.city; address.state; address.zip	
State ID	The student's ID number.	Enrollment > Student Number identity.studentNumber	
Case Manage	Case Manager Information		
Name	The first and last name of the team member.	Student Information > Special Ed Team Members	
Title	The role of the team member.	Student Information > Special Ed Team Members	
Phone	The phone number of the team member.	Student Information > Special Ed Team Members	

Parent/Guardian Information

The Parent/Guardian Information editor pulls the contact information of the student's parent/guardian(s).

The **Refresh** button retrieves a fresh copy of data from the parent/guardian's record.

Parent/Guardian Info	ormation (IN PROGRESS)		Editor 3 of 2
		n information is taken from Census. Individuals with t resh to retrieve current Guardian information.	he Guardian checkbox marked on
Parent/Guardian			
Print Sequence (3) 1 • Name Allen - Guardian Address	D 57501		Remove
Home Phone E-mail	Work Phone	Cell Phone	
Home Primary Language English			
Parent/Guardian			
Print Sequence 3			Remove

Click here to expand...

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Field	Description
Print Sequence	The order in which the parent/guardian displays.
Name	The name of the parent/guardian.
Address	The address of the parent/guardian.
Home Phone	The parent/guardian's home phone.
Work Phone	The parent/guardian's work phone.
Cell Phone	The parent/guardian's cell phone.
Email	The parent/guardian's email.
Home Primary Language	The language the parent/guardian speaks at home.

Enrollment Information

The Enrollment Information editor pulls in district and school information where the student is enrolled. This editor also documents the student's disability(ies).



Users must click **Refresh** to place the editor in a Complete status.

Enrollment Information (IN PROGRESS)	Editor 4 of 20
Click Refresh to select or change Enrollment data.	
Primary Disability: (Required)	
550: Speech/Language	
Secondary Disability:	Tertiary Disability:
·	×
Fourth Disability:	Fifth Disability:
•	×
Sixth Disability:	
· · · · · · · · · · · · · · · · · · ·	
Special Ed Status: (Required)	Special Ed Category: (Required)
A: Mild to Moderate Disabilities	0100: General Class with Modifications 🔻
Resident District	School of Attendance
06001 : Aberdeen 06-1	Holgate Middle School
Grade	
07	
District Information	
District Number District N	ame
06001 Aberdee	n 06-1

Click here to expand...

Field	Description	Validation
Primary Disability Required	The student's first disability. Options include: • 500: Deaf-Blindness • 505: Emotional Disability • 510: Cognitive Disability • 515: Hearing Loss • 525: Specific Learning Disability • 530: Multiple Disabilities • 540: Vision Loss • 545: Deafness • 545: Deafness • 550: Speech/Language • 555: Other Health Impaired • 560: Autism Spectrum Disorder • 565: Traumatic Brain Injury • 570: Developmental Delay	This field auto-populates from the most recent, locked Evaluation, when available.

Field	Description	Validation
Multiple Disability 1	The student's second disability, when applicable. Options include: • 505: Emotional Disability • 510: Cognitive Disability • 515: Hearing Loss • 525: Specific Learning Disability • 540: Vision Loss • 545: Deafness • 545: Deafness • 550: Speech/Language • 555: Other Health Impaired • 560: Autism Spectrum Disorder • 565: Traumatic Brain Injury • 570: Developmental Delay	This field is available when Multiple Disabilities is selected as the Primary Disability. This field auto-populates from the most recent, locked Evaluation, when available.
Multiple Disability 2	The student's third disability. Options include: 505: Emotional Disability 510: Cognitive Disability 515: Hearing Loss 525: Specific Learning Disability 540: Vision Loss 545: Deafness 555: Other Health Impaired 560: Autism Spectrum Disorder 565: Traumatic Brain Injury 570: Developmental Delay	This field is available when Multiple Disabilities is selected as the Primary Disability. This field auto-populates from the most recent, locked Evaluation, when available.
Multiple Disability 3	The student's fourth disability. Options include: 505: Emotional Disability 510: Cognitive Disability 515: Hearing Loss 525: Specific Learning Disability 540: Vision Loss 540: Vision Loss 545: Deafness 550: Speech/Language 555: Other Health Impaired 560: Autism Spectrum Disorder 565: Traumatic Brain Injury 570: Developmental Delay	This field is available when Multiple Disabilities is selected as the Primary Disability. This field auto-populates from the most recent, locked Evaluation, when available.

Field	Description	Validation
Multiple Disability 4	The student's fifth disability. Options include: 505: Emotional Disability 510: Cognitive Disability 515: Hearing Loss 525: Specific Learning Disability 540: Vision Loss 545: Deafness 550: Speech/Language 555: Other Health Impaired 560: Autism Spectrum Disorder 565: Traumatic Brain Injury 570: Developmental Delay	This field is available when Multiple Disabilities is selected as the Primary Disability. This field auto-populates from the most recent, locked Evaluation, when available.
Special Ed Program	 The special education program in which the student is participating. Options include: A: Mild to Moderate Disabilities B: Severe Disabilities C: Speech Only D: Early Childhood E: Day Program F: Residential Program G: Homebound Program 	N/A

student lives. Enrollment record when users click Refresh. This field is read-only. School of Attendance The name of the school where the student attends.	Field	Description	Validation
student lives. Enrollment record when users click Refresh. This field is read-only. School of Attendance The name of the school where the student attends.	-	 the student receives their education and special education service. Click the expand link to view available options. Click here to expand 0100: General Class with Modifications 80-100% 0110: Resource Room 40-79% 0120: Self-Contained Classroom 0- 30% 0130: Separate Day School 0140: Residential Facility 0150: Home/Hospital 0310: Regular Early Childhood Program - 10 hrs+/wk & SPED Services in Reg EC program 0315: Regular Early Childhood Program - 10 hrs +/week & SPED Services in other location 0325: Regular Early Childhood Program - Less than 10 hrs/wk & SPED Services in Reg EC program 0335: Special Education Class 0345: Separate School 0355: Residential Facility 0365: Home 0330: Regular Early Childhood Program - Less than 10 hrs/wk & SPED Services in Reg EC program 	N/A
Attendance student attends. Enrollment record when users	Resident District		
This field is read-only.			This pulls in from the selected Enrollment record when users click Refresh .



Field	Description	Validation
Grade	The student's grade.	This pulls in from the selected <u>Enrollment</u> record when users click Refresh . This field is read-only.
District Informatio	n	
District Number	The district number associated with the Enrolled school.	District Information > State District Number
District Name	The district name associated with the Enrolled school.	District Information > Name
District Address	The district address associated with the Enrolled school.	District Information > Address
District Phone	The district phone number associated with the Enrolled school.	District Information > Phone
District SPED Address	The district special education address associated with the Enrolled school.	District Information > SPED Address
District SPED Phone	The district special ed phone number associated with the Enrolled school.	District Information > SPED Phone

Team Meeting

The Team Meeting editor records team meetings and participants for the student.

Team members added to the <u>Special Ed Team Members</u> tool can be added to team meetings. Team members can also be added manually to this editor, but they are not saved in the system and must be created each time they are included in a meeting.

Click **Refresh** in the Attendance section to restore any accidentally removed participants who were pulled in from the Team Members tool.

am IV	leeting IN PROGR	RESS	1	Editor 5 of
2.	Meeting D ↑	Meeting Location	Print In Plan	
	09/09/24	School counselor's office		

• Click here to expand...

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Team Meeting List Screen

Column Name	Description
Padlock Icon	The user currently editing the record.
Meeting Date	The day of the meeting.
Meeting Location	The location of the meeting.
Print In Plan	Indicates this record prints.

Team Meeting Detail Screen

Select an existing record or click **New** to open the detail screen.

Print in Plan				
Meeting Date *			Invite Date	
09/09/2024		3	09/02/2024	
Aeeting Time		-	Meeting Location	
1:00 PM	C		School counselor's office	
and the state of the state of the		_		
Comments Example me	eting			
Example me		ROLE *	SPECIFY OTHER INVITED ATT	TENDED
Example me		ROLE *	rdian 🔹	TENDED Remove

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Team Meeting Detail Screen

Field	Description	Validation
Print In Plan	Indicates this record prints.	This defaults to marked.
Meeting Date Required	The day of the meeting.	N/A
Invite Date	The day the invitation was sent to the team members for the meeting.	N/A
Meeting Time	The time of the meeting.	N/A
Meeting Location	The location of the meeting.	This field is limited to 200 characters.
Comments	Any comments related to the meeting.	This field is limited to 8000 characters.
Attendance		
First Name Required	The team member's first name.	This field pulls in the team member's first name from the Special Ed Team Members tool, or entries can be manually entered.



Field	Description	Validation
Last Name Required	The team member's last name.	This field pulls in the team member's last name from the Special Ed Team Members tool, or entries can be manually entered.
Role <i>Required</i>	 The team member's role. Options include: Parent/Guardian Student School Representative General Education Teacher Special Education Teacher or Provider Speech/Language Pathologist Individual who can Interpret Evaluation Results Other 	N/A
Specify Other *Required	The other role of the team member.	*This field is available and required when Other is selected as the team member's Role. This field is limited to 150 characters.
Invited	Indicates the team member was invited to the meeting.	N/A
Attended	Indicates the team member attended the meeting.	N/A

Present Levels of Performance

The Present Levels of Performance editor summarizes the student's current achievement in school. This editor includes areas for parent and student input and a description of various kinds of assistance the student could be receiving. The only field on the Present Levels of Performance editor is the Present Levels of Performance field, a required text field that can contain up to 8000 characters.



Present Levels of Performance IN PROGRESS	or 6 of 21
In developing each student's IEP, the IEP Team must consider 1) the strengths of the student; 2) the concerns of the parents for enhancing the educ of their student; 3) the results of the initial or most recent evaluation of the student; and 4) the academic, developmental, and functional needs of the student.	
Provide a statement of the student's present levels of academic achievement and functional performance, including 1) how the student's disability the student's involvement and progress in the general education curriculum (i.e., the same curriculum has for nondisabled students; or 2) for presch students, as appropriate, how the disability affects the student's participation in appropriate activities.	
Present Levels of Performance *	
Example Present Levels statement	
Remember to address:	
 Strengths and needs using academic achievement (skill based assessment) AND functional performance Transition strengths and needs including the student's preferences and interests (must be in the student's IEP by age 16) Remember to include Parent input How the student's disability affects the student's involvement and progress in the general education curriculum 	

Present Levels of Performance Editor

Consideration of Special Factors

The Consideration of Special Factors editor lists additional factors to consider regarding the student's communication, behavior, physical education, technology assistance, etc.

Consideration of Special Factors (NOT STARTED)	Editor 7 of 2
Is the student limited English proficient?	
If the answer to this question is "yes", please explain the language needs of the student as these needs relate to the s	student's IEP
	1
Are there any special communication needs?	
•	
tudent's language and communication needs, opportunities for direct communications with peers and professional p	personnel in the student's language and
tudent's language and communication needs, opportunities for direct communications with peers and professional p	personnel in the student's language and
f the answer to this question is "yes", please explain the communication needs of the student, and in the case of a st student's language and communication needs, opportunities for direct communications with peers and professional p communication mode, academic level, and full range of needs, including opportunities for direct instruction in the stu	personnel in the student's language and
student's language and communication needs, opportunities for direct communications with peers and professional p communication mode, academic level, and full range of needs, including opportunities for direct instruction in the stu	personnel in the student's language and
student's language and communication needs, opportunities for direct communications with peers and professional p communication mode, academic level, and full range of needs, including opportunities for direct instruction in the stu boos the student require Braille?	personnel in the student's language and
tudent's language and communication needs, opportunities for direct communications with peers and professional p ommunication mode, academic level, and full range of needs, including opportunities for direct instruction in the stu toes the student require Braille?	personnel in the student's language and
tudent's language and communication needs, opportunities for direct communications with peers and professional p ommunication mode, academic level, and full range of needs, including opportunities for direct instruction in the stu toes the student require Braille?	personnel in the student's language and
student's language and communication needs, opportunities for direct communications with peers and professional p communication mode, academic level, and full range of needs, including opportunities for direct instruction in the stu Does the student require Braille?	personnel in the student's language and

• Click here to expand...

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Field	Description	Validation
Is the student limited English proficient?	Options are Yes or No.	N/A
If the answer to this question is "yes", please explain the language needs of the student as these needs relate to the student's IEP *Required	A description of the student's language needs as it relates to their IEP.	*This field is available and required when Yes is selected from the "Is the student limited English proficient?" question. This field is limited to 8000 characters.
Are there any special communication needs?	Options are Yes or No.	N/A



Field	Description	Validation
If the answer to this question is "yes", please explain the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode *Required	A description of the student's communication needs as it relates to their IEP.	*This field is available and required when Yes is selected from the "Are there any special communication needs?" question. This field is limited to 8000 characters.
Does the student require Braille?	Options are Yes or No.	N/A
If the answer to this question is "yes", what instruction in Braille and use of Braille will be provided? *Required	A description of what will be instructed in Braille and to what extent Braille will be provided to the student.	*This field is available and required when Yes is selected from the "Does the student require Braille?" question. This field is limited to 8000 characters.
Does the student's behavior impede his or her learning or that of others?	Options are Yes or No.	N/A
If yes, what strategies are required to appropriately address this behavior, including positive behavioral interventions and supports? *Required	A description of the strategies used to appropriately address the student's behaviors.	*This field is available and required when Yes is selected from the "Does the student's behavior impede his or her learning or that of others?" question. This field is limited to 8000 characters.



Field	Description	Validation
Does the student require Assistive Technology Devices and Services?	Options are Yes or No.	N/A
If yes, what device or service will be provided? *Required	A description of the assistive device or service the student requires.	*This field is available and required when Yes is selected from the "Does the student require Assistive Technology Devices and Services?" question. This field is limited to 8000 characters.
Physical Education	The type of physical education in which the student will participate. Options include: • Regular • Adaptive • Not Required	N/A
Goal Numbers *Required	The goal number related to physical education for the student.	*This field is available and required when Adaptive is selected from the Physical Education field.
Hearing Aid Maintenance	Options include: • Yes • Not Applicable	N/A
Personnel Responsible for Monitoring *Required	The person responsible for monitoring the hearing aid device for the student.	*This field becomes available and required when Yes is selected from the Hearing Aid Maintenance field. This field is limited to 150 characters.
Describe the monitoring process/frequency necessary for maintenance *Required	A description of the monitoring process and frequency.	*This field becomes available and required when Yes is selected from the Hearing Aid Maintenance field. This field is limited to 8000 characters.



Measurable Postsecondary Goals

The Measurable Postsecondary Goals editor contains three text fields used to describe the student's post-school employment, education/training, and/or independent living goals. These text fields can contain up to 8000 characters.

This editor is only available for the IEP with Transition.

easurable Postsecondary Goals NOT STARTED	Editor 8 of 21
equired on or before the student's 16th birthday) OSEP guidance requires at least one linked annual goal AND at least one service/activity PSG identified. Assessment results should determine which MPSGs are addressed.	y for each
nployment	
stsecondary Employment Goal *	
aked Annual Employment Goal(s)	
lucation/Training	
stsecondary Education/Training Goal *	
iked Annual Education/Training Goal(s)	
dependent Living	
stsecondary Independent Living Goal	
	li
Measurable Postsecondary Goals Editor	

Transition Course of Study

The Transition Course of Study editor lists the required courses the student must take to aid in the transition from school.

This editor is only available for the IEP with Transition.

Course of Study		
obuise of oudy		
Required on or before the studen	's 16th birthday. Complete for current school year through the plann	ned exit year.
Grade †	Courses	
	No records available.	Å. *
ннын		0 - 0 of 0 items
	(Must be addressed on or before the 17th birthday)	
Transfer of Parent/Guardian Rights	Student was informed of transfer of rights on	
Transfer of Parent/Guardian Rights Student will turn 17 on 11/29/2031	Student was informed of transfer of rights on	ation date.)
Transfer of Parent/Guardian Rights Student will turn 17 on 11/29/2031 Graduation or Completion of an App	Student was informed of transfer of rights on month/day/year	ation date.)
Transfer of Parent/Guardian Rights Student will turn 17 on 11/29/2031	Student was informed of transfer of rights on month/day/year	ation date.)
Transfer of Parent/Guardian Rights Student will turn 17 on 11/29/2031 Graduation or Completion of an App Student is to graduate/complete program month/day/year	Student was informed of transfer of rights on month/day/year	
Transfer of Parent/Guardian Rights Student will turn 17 on 11/29/2031 Graduation or Completion of an App Student is to graduate/complete program month/day/year	Student was informed of transfer of rights on month/day/year	

Click here to expand...

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Course of Study The following columns dis		
	splay in the Course of Study table: add a record to the table. The editor mu Course of Study side panel displays:	ist be saved first before adding
Grade	The student's grade level.	This field is limited to 150 characters.
Courses	A list of the courses the student takes in that grade.	This field is limited to 8000 characters.



Field	Description	Validation
Student will turn 17 on	The day the student turns 17 years old.	This field is read-only and calculates based on the student's birthdate plus 17 years. The birthdate is pulled from the Student Information editor before the calculation occurs.
Student is informed of rights on	The day the student is informed on their transfer of rights.	N/A
Student is to graduate/complete program	The day the student will graduate or complete their program.	N/A
Individualized district specific requirements and remaining courses needed to complete an approved secondary education program	A description of the remaining requirements the student must complete.	This field is limited to 8000 characters.
Comments	Any comments related to the student's course of study or transition.	This field is limited to 8000 characters.

Transition Services/Coordinated Set of Activities

The Transition Services/Coordinated Set of Activities editor identifies specific post-secondary transition services provided to the student in various areas and strategies designed to improve the student's post-secondary success.

This editor is only available for the IEP with Transition.

ansiti	on Services/Co	oordinated Se	t of Activities IN PROGRESS		Editor 10 of 2
20	Date Initiat ↑	Date Complet	Area	Activity Recommendations	
	09/16/24	12/27/24	Instruction		

Click here to expand...

Transition Services/Coordinated Set of Activities List Screen

Column Name	Description
Padlock Icon	The user currently editing the record.
Date Initiated	The first day of the activity.
Date Completed	The last day of the activity.
Area	The transition area.
Activity Recommendations	The transition activity to address the specific area.

Transition Services/Coordinated Set of Activities Detail Screen

Select an existing record or click **New** to open the detail screen.



Transition Services/Coordinated Set of Activities
Transition Services must be a coordinated set of activities/strategies designed within a results oriented process. This means that the activities are those steps or things that need to happen that will lead to post-school results and help the student achieve his/her desired post-secondary goals. All of the activities that will need to happen to help students achieve their post-secondary goals cannot be done by the school alone. Thus, the activities should include those things that others (student, families, and appropriate adult services, agencies or programs) will need to do. When viewed as a whole, the activities should demonstrate involvement and coordination between the student, families, and school as well as the appropriate adult services, agencies or programs.
Area *
Instruction
Activity Recommendations
Title of Personnel/Agency Responsible
Date Initiated * Date Completed
09/16/2024

Transition Services/Coordinated Set of Activities Detail Screen

Field	Description	Validation
Area <i>Required</i>	 The transition area. Options include: Instruction Employment Community Experiences Related Services Other Post-School Adult Living Objectives Acquisition of Daily Living Skills (when appropriate) Functional Vocational Evaluation (when appropriate) 	N/A
Activity Recommendations	The transition activity to address the specific area.	This field is limited to 8000 characters.
Title of Personnel/Agency Responsible	The person responsible for administering the activity.	This field is limited to 200 characters.
Date Initiated Required	The first day of the activity.	N/A
Date Completed	The last day of the activity.	N/A

Educational Goals and Objectives



The Educational Goals and Objectives editor lists the annual goals the student is working toward within the time frame of the IEP and the objectives or benchmarks identified to achieve those goals.

	Seq	ue	Measurable Annual Goal	
	1		When given collections of objects to compare (alike or different in number) ** will determine (tell	
C	Objective(s)			
	Objective	e - Exam	ple Objective for the Goal	
				1 - 1 of 1 ite

Click here to expand...

Educational Goals and Objectives List Screen

Column Name	Description
Padlock Icon	The user currently editing the record.
Sequence	The order of the goal.
Measurable Annual Goal	The name of the goal.

Educational Goals and Objectives/Benchmarks Detail Screen

Select an existing record or click **New** to open the detail screen.



Educational Goals and Objectives/Be	enchmarks			
Provide a statement of measurable annual goals, disability, 2) enable the student to be involved in a educational needs that result from the disability	-			
Goal *	ESY			
1				
Goal Name *				
Example goal				
Measurable Annual Goal *				
Post-Secondary Goal Type Education/Training]			2
PROCEDURE CODE	DATE	PROGRESS CODES	COMMENTS	
Objectives				
Objective: example objective			-	ł
Add				

Educational Goals and Objectives/Benchmarks Detail Screen

Field	Description	Validation
Goal Required	The sequence number of the goal.	This field auto-numbers to the next available integer when creating a new goal.
ESY	Indicates this goal is related to an Extended School Year program.	When selected, this goal displays in the Special Education Services editor.
Goal Name <i>Required</i>	The name of the goal.	Entered goals display on the Special Education Services and Related Services editors.
Measurable Annual Goal Required	A description of the annual goal.	This field is limited to 8000 characters.
Post-Secondary Goal Type	 The area targeted with this goal. Options include: Employment Education/Training Independent Living 	



Field	Description	Validation
	exists for this goal, the following fields me, these fields do not display on the	
Objectives		
Sequence Number Required	The sequence number of the objective.	N/A
Objective/Benchmark <i>Required</i>	The name of the objective/benchmark.	The <u>Template Bank</u> associated with this field is named SD IEP: Objectives/Benchmarks. This field is limited to 8000 characters.
The following Progress Re <i>Procedure Code</i> <i>Date</i> <i>Progress Codes</i>	eport columns display:	

Comments

Progress Reporting

The Progress Reporting editor documents how progress toward the student's goals will be reported to the student's parent/guardian(s).

Progress Reporting (IN PROGRESS)	Editor 12 of 20
Reporting Frequency to Parents *	Specify Other
Quarterly Reports 🔹	
Reporting Method to Parents *	Specify Other
Report Card 😵	
Progress Reporting Ed	litor

Click here to expand...



Field	Description	Validation
Reporting Frequency to Parents <i>Required</i>	The frequency in which progress will be reported to the student's parent/guardian(s). Options include: • Quarterly Reports • Trimester Reports • Other	N/A
Specify Other *Required	The other reporting frequency.	*This field is available and required when Other is selected for the Reporting Frequency to Parents field. This field is limited to 150 characters.
Reporting Method to Parents Required	The method in which progress is reported. Options include: • Conferences • Report Cards • Goal Page Copy • Other	N/A
Specify Other *Required	The other reporting method.	*This field is available and required when Other is selected for the Reporting Method to Parents field. This field is limited to 150 characters.

Assessment Accommodations

The Assessment Accommodations editor lists all accommodations required for the student in a testing and instructional environment.



Assessment Accommodations (M	DT STARTED	Editor 10 of 20
LA Testing Accommodations	HS ELA Accommodations	
Select ELA Testing Accommodations	Select HS ELA Accommodations	
Nath Testing Accommodations	HS Math Accommodations	
Select Math Testing Accommodations	Select HS Math Accommodations	
cience Testing Accommodations	HS Science Accommodations	
Select Science Testing Accommodations	Select HS Science Accommodations	

Assessment Accommodations Editor

Click here to expand...

Field	Description	Validation
ELA Testing Accommodations	The specific ELA test accommodation needs of the student.	 When a test accommodation is selected on this editor, that option automatically pulls into the corresponding section on the State/District-Wide Assessment Accommodations editor. Once an option is selected, it is removed from the list of values available in the dropdown. Multiple options can be selected.
HS ELA Accommodations	The specific ELA instructional accommodation needs of the student.	Once an option is selected, it is removed from the list of values available in the dropdown. Multiple options can be selected.
Math Testing Accommodations	The specific math testing accommodation needs of the student.	 When a test accommodation is selected on this editor, that option automatically pulls into the corresponding section on the State/District-Wide Assessment Accommodations editor. Once an option is selected, it is removed from the list of values available in the dropdown. Multiple options can be selected.



Field	Description	Validation
HS Math Accommodations	The specific math instructional accommodation needs of the student.	Once an option is selected, it is removed from the list of values available in the dropdown. Multiple options can be selected.
Science Testing Accommodations	The specific science testing accommodation needs of the student.	 When a test accommodation is selected on this editor, that option automatically pulls into the corresponding section on the State/District-Wide Assessment Accommodations editor. Once an option is selected, it is removed from the list of values available in the dropdown. Multiple options can be selected.
HS Science Accommodations	The specific science instructional accommodation needs of the student.	Once an option is selected, it is removed from the list of values available in the dropdown. Multiple options can be selected.

Accommodations and Modifications

The Accommodations and Modifications editor documents any specific accommodations or modifications the student requires in an instructional setting only.

•	Accommodation/Modification	Location	Frequency and Duration	Supports for School Person	nnel
	Example modification	Room 100	1 X per week for 30 minutes	No	

Click here to expand...

Accommodations and Modifications List Screen



Column Name	Description
Padlock Icon	The user currently editing the record.
Instructional Accommodation/Modification	This field is limited to 150 characters.
Location	The place where the accommodation or modification takes place.
Frequency	The frequency and duration of the accommodation or modification.
Supports for School Personnel	Indicates support is required for staff.

Accommodations and Modifications Detail Screen

Select an existing record or click New to open the detail screen.

Accommodations and Modifications	
Accommodation/Modification: (Required) What accommodation/modification is going to be provided Example modification Frequency and Duration: (Required) When or under what situation is the accommodation needed and for how long	Location: (Required) Where accommodations/modification is going to be provided Room 100 Supports for School Personnel
1 X per week for 30 minutes	

Accommodations and Modifications Detail Screen

Field	Description	Validation
Instructional Only Accommodation/Modification Required	The specific instructional accommodation or modification.	This field is limited to 150 characters.
Location Required	The place where the accommodation or modification takes place.	This field is limited to 150 characters.
Frequency and Duration <i>Required</i>	The frequency and duration of the accommodation or modification.	This field is limited to 1000 characters.
Supports for School Personnel	Indicates support is required for staff.	N/A

State/District-wide Assessment



Accommodations

The State/District-wide Assessment Accommodations editor details state and district-wide assessment accommodations and alternate assessments.

State/District-wide Assessment Accommodations (IN PROGRESS)	Editor 14 of 20
Student will be taking state and district-wide assessments with or without accommodations	
Student will be taking state and district-wide alternate assessments The alternate assessment is for students working in the alternate achievement standards. Annual goal and short-term objectives required.	
Does the student meet the significant cognitive disability criteria? If no, student is not eligible to take the alternate assessment	
Explain the reason why the student cannot participate in the regular assessment	
Explain the reason why the alternate assessment selected is appropriate for this student	
No state and/or district-wide assessments are required at this student's grade level during the course of this annual IEP	11
State Assessment Accommodations	
*Teams must consider if the accommodations are approved for the applicable test administration	
State/District-wide Assessment Accommodations Editor	

Click here to expand...

Field	Description	Validation
Student will be taking state and district- wide assessments with or without accommodations	Indicates the student will take state and district-wide assessments without accommodations.	N/A
Student will be taking state and district- wide alternate assessments	Indicates the student will take state and district-wide alternate assessments.	N/A



Field	Description	Validation
Does the student meet the significant cognitive disability criteria? *Required	Indicates the student meets the criteria for cognitive disability. Options are Yes or No.	*This field is available and required when the "Student will be taking state and district-wide alternate assessments" field is marked.
Explain the reason why the student cannot participate in the regular assessment *Required	A description as to why the student cannot participate in the regular assessment.	*This field is available and required when the "Student will be taking state and district-wide alternate assessments" field is marked. This field is limited to 8000 characters.
Explain the reason why the alternate assessment selected is appropriate for this student *Required	A description as to why the alternate assessment is appropriate for the student.	*This field is available and required when the "Student will be taking state and district-wide alternate assessments" field is marked. This field is limited to 8000 characters.
No state and/or district-wide assessments are required at this student's grade level during the course of this annual IEP	Indicates that state and/or district-wide assessments are not required for the student's grade level during the course of the IEP.	N/A
State Assessment Acco	mmodations	
South Dakota ELA Assessment Read-only	The specific ELA assessment accommodation needs of the student.	This field is read-only and pulls in from the ELA Testing Accommodation field on the Testing and Instructional Accommodations and Modifications editor.

Field	Description	Validation	
South Dakota Math Assessment	The specific math assessment accommodation needs of the student.	This field is read-only and pulls in from the Math Testing Accommodation field on the Testing and Instructional Accommodations and Modifications editor.	
South Dakota Science Assessment	The specific science assessment accommodation needs of the student.	This field is read-only and pulls in from the Science Testing Accommodation field on the Testing and Instructional Accommodations and Modifications editor.	
South Dakota Alt Assessments for ELA, Math and Science			
South Dakota ELA-Alt Assessment	Options include: • Assistive Technology • Paper Version • Scribe • Sign Language	Multiple options can be selected.	
South Dakota Math- Alt Assessment	Options include: • Assistive Technology • Paper Version • Scribe • Sign Language	Multiple options can be selected.	
South Dakota Science- Alt Assessment	Options include: • Assistive Technology • Paper Version • Scribe • Sign Language	Multiple options can be selected.	
District-wide Assessment Accommodations The following columns display in the District-wide Assessment Accommodations table:			

- Test
- Describe Accommodations

Click Add Assessment to add another record.

Test	The name of the test.	This field is limited to 250
		characters.



Field	Description	Validation
Describe Accommodations	A description of the accommodations for the test.	This field is limited to 8000 characters.

Special Education Services

The Special Education Services editor lists services provided to the student in a Special Education setting.

2.	Seque 1	Service Provided 12	Time	Start Date	End Date
	1	Assistive Technology	60 minute(s) per session, 2 session(s) per Week	04/01/2025	04/07/2025

Click here to expand...

Special Education Services List Screen

Field	Description
Padlock Icon	The user currently editing the record.
Sequence	The order of the records.
Service Provided	The type of service.
Time	The duration and frequency of the service.
Start Date	The first day of the service.
End Date	The last day of the service.

Special Education Services Detail Screen

Select an existing record or click **New** to open the detail screen.

Assistive Technology Addresses Goal(s) Select goals	Specify Other Service Position	•		
Assistive Technology Addresses Goal(s) Select goals Service Provider		•		
Addresses Goal(s) Select goals Service Provider	Service Position	•		
Select goals Vervice Provider	Service Position	T		
vervice Provider	Service Position	×		
		•		
Comments				
				15
uration and Frequency				
tart Date *	End Date *			
04/01/2025	04/07/2025			

Infinite C

Special Education Services Detail Screen

Field	Description	Validation
Sequence <i>Required</i>	The order of the record.	N/A
Service <i>Required</i>	The type of service.	The values in this dropdown are district-defined using the <u>Special Ed Services</u> <u>Setup</u> tool.
Specify Other * <i>Required</i>	The other type of service.	*This field is available and required when Other is selected from the Service field. This field is limited to 200 characters.
Addresses Goal(s)	The student's goals in which this service addresses.	The values available pull in all Goals entered on the Educational Goals and Objectives editor.



Field	Description	Validation
Service Provider	The person or agency administering the service.	The values in this dropdown are district-defined using the <u>Special Ed Service Provider</u> <u>Setup</u> tool.
Service Position	The role of the person or agency administering the service.	The values in this dropdown are district-defined using the <u>Special Ed Service Position</u> <u>Setup</u> tool.
Location	The location of the service.	This field is limited to 150 characters.
Comments	Any additional comments related to the service.	This field is limited to 8000 characters.
Duration and Freque	ncy	
Start Date Required	The first day of the service.	The Start Date auto-populates with the plan Start Date from the <u>Plan Information</u> editor.
End Date Required	The last day of the service.	The End Date auto-populates with the plan End Date from the <u>Plan Information</u> editor.
Minutes per session Required	The number of minutes per session.	N/A
Number Sessions per Required	The number of sessions per frequency.	N/A
Frequency <i>Required</i>	Options include: • week • month • year • term • day	N/A

Related Services

The Related Services editor lists services provided to the student in a Special Education setting.

•	Seque †1	Service Provided 12	Time	ESY Serv	Start Date	End Date
	1	Other	30 minute(s) per session, 1 session(s) per Week	No	08/26/2024	09/06/2024
	•				00,20,2021	07,00,2021

• Click here to expand...

Infinite Campus

Related Services List Screen

Field	Description
Padlock Icon	The user currently editing the record.
Sequence	The order of the records.
Service Provided	The type of service.
Time	The duration and frequency of the service.
ESY Service	Indicates this service is part of an extended school year program.
Start Date	The first day of the service.
End Date	The last day of the service.

Related Services Detail Screen

Select an existing record or click **New** to open the detail screen.

Related Services		
Sequence Number		
1		
Service *	Specify Other *	
Other	▼ Other Service	
Addresses Goal(s)		
Example goal 🚷	×	
Service Provider	Service Position	
() c	▼	
Location		
ESY Service		
Based On		
Regression/Recoupment, Emerging Sl	kills, or Maintenance of Critical Life Skills	
Comments		
		13
Duration and Frequency		
Start Date *	End Date *	

Infinite Contractor

Related Services Detail Screen

Field	Description	Validation
Sequence Required	The order of the record.	N/A
Service <i>Required</i>	The type of service.	The values in this dropdown are district-defined using the <u>Special Ed Services Setup</u> tool.
Specify Other * <i>Required</i>	The other type of service.	*This field is available and required when Other is selected from the Service field. This field is limited 200 characters.
Addresses Goal(s)	The student's goals in which this service addresses.	The values available pull in all Goals entered on the Educational Goals and Objectives editor.



Field	Description	Validation
Service Provider	The person or agency administering the service.	The values in this dropdown are district-defined using the <u>Special Ed Service Provider</u> <u>Setup</u> tool.
Service Position	The role of the person or agency administering the service.	The values in this dropdown are district-defined using the <u>Special Ed Service Position</u> <u>Setup</u> tool.
Location	The location of the service.	This field is limited to 150 characters.
ESY Services	Indicates this service is part of an extended school year program.	When marked, this service prints in the ESY Services section.
Linked Goals	The associated goals with the ESY Service.	This field pulls in the ESY goals as read-only when the ESY Services checkbox is marked.
Based On <i>Required</i>	The area the goal is based on.	*This field is available and required when a Linked Goal is selected. This field is limited to 200 characters.
Comments	Any additional comments related to the service.	This field is limited to 8000 characters.
Duration and Freque	ncy	
Start Date <i>Required</i>	The first day of the service.	The Start Date auto-populates with the plan Start Date from the <u>Plan Information</u> editor.
End Date Required	The last day of the service.	The End Date auto-populates with the plan End Date from the <u>Plan Information</u> editor.
Minutes per session Required	The number of minutes per session.	N/A
Number Sessions per Required	The number of sessions per frequency.	N/A



Field	Description	Validation
Frequency <i>Required</i>	Options include: • week • month • year • term • day	N/A

ESY Services

The ESY Services editor lists services provided to the student in an extended school year setting.

S	Sequenc	e †1	Service Pro	ovided †2	Time		
1	1		Medical S	ervices	30 minu	ite(s) per session, 4 session(s) per Month	
1	1		Medical S	ervices	30 minu	tte(s) per session, 4 session(s) per Mont	h

Click here to expand...

ESY Services List Screen

Field	Description
Padlock Icon	The user currently editing the record.
Sequence	The order of the records.
Service Provided	The type of service.
Time	The duration and frequency of the service.
Start Date	The first day of the service.
End Date	The last day of the service.

ESY Services Detail Screen

Select an existing record or click **New** to open the detail screen.

Sequence Number		
1		
Service *	Specify Other	
Medical Services		
ddresses Goal(s)		
Select goals		
ervice Provider	Service Position	
	•	
ocation		
ocation		
ased On	intenance of Critical Life Skills	
ased On	intenance of Critical Life Skills	
ased On legression/Recoupment, Emerging Skills, or Ma	intenance of Critical Life Skills	
ased On egression/Recoupment, Emerging Skills, or Ma	intenance of Critical Life Skills	
ased On egression/Recoupment, Emerging Skills, or Ma	intenance of Critical Life Skills	
ased On egression/Recoupment, Emerging Skills, or Ma	intenance of Critical Life Skills	
ased On egression/Recoupment, Emerging Skills, or Ma	intenance of Critical Life Skills	
lased On Regression/Recoupment, Emerging Skills, or Ma comments	intenance of Critical Life Skills	
Accation Sased On Regression/Recoupment, Emerging Skills, or Ma Comments Duration and Frequency Ainutes per session *	intenance of Critical Life Skills	

Infinite Contractor

ESY Services Detail Screen

Field	Description	Validation
Sequence <i>Required</i>	The order of the record.	N/A
Service <i>Required</i>	The type of service.	The values in this dropdown are district-defined using the <u>Special Ed Services Setup</u> tool.
Specify Other * <i>Required</i>	The other type of service.	*This field is available and required when Other is selected from the Service field. This field is limited to 200 characters.
Addresses Goal(s)	The student's goals in which this service addresses.	The values available pull in all Goals entered on the Educational Goals and Objectives editor.



Field	Description	Validation
Service Provider	The person or agency administering the service.	The values in this dropdown are district-defined using the <u>Special Ed Service Provider</u> <u>Setup</u> tool.
Service Position	The role of the person or agency administering the service.	The values in this dropdown are district-defined using the <u>Special Ed Service Position</u> <u>Setup</u> tool.
Location	The location of the service.	This field is limited to 150 characters.
Comments	Any additional comments related to the service.	This field is limited to 8000 characters.
Duration and Freque	ncy	
Start Date <i>Required</i>	The first day of the service.	The Start Date auto-populates with the Start Date from the <u>Extended School Year</u> editor.
End Date Required	The last day of the service.	The End Date auto-populates with the End Date from the <u>Extended School Year</u> editor.
Minutes per session Required	The number of minutes per session.	N/A
Number Sessions per Required	The number of sessions per frequency.	N/A
Frequency <i>Required</i>	Options include: • week • month • year • term • day	N/A

Least Restrictive Environment

The Least Restrictive Environment editor records information related to the student's placement and interaction with non-disabled peers.



	Editor	16 of 20
The IEP Team must ensure that, to the maximum extent appropriate, students extracurricular services and activities.	with disabilities are educated with nondisabled peers, including	
Continuum of Alternative Placements Ages 5-21		
Placement Ages 5-21		
Continuum of Alternative Placements Preschool Ages 3-5		
Placement Preschool Ages 3-5		
▼		
•		
▼ Participation with Non-Disabled Peers	Specify Other	
-	Specify Other	
Participation with Non-Disabled Peers Program Options	Specify Other Specify Other	
Participation with Non-Disabled Peers Program Options Select Program Options		
Participation with Non-Disabled Peers Program Options Select Program Options Non-Academic		
Participation with Non-Disabled Peers Program Options Select Program Options Non-Academic Select Non-Academic	Specify Other	
Participation with Non-Disabled Peers Program Options Select Program Options Non-Academic Select Non-Academic Extracurricular	Specify Other	
Participation with Non-Disabled Peers Program Options Select Program Options Non-Academic Select Non-Academic Extracurricular Select Extracurricular	Specify Other	

Click here to expand...

Field	Description	Validation
Continuum of Alte	rnative Placements Ages 5-21	
Placement Ages 5-21	 The student's placement. Options include: 0100: General Classroom with Modifications 80-100% 0110: Resource Room 40-79% 0120: Self-Contained Classroom 0-39% 0130: Separate Day School 0140: Residential Facility 0150: Home/Hospital 	N/A
Continuum of Alte	rnative Placements Preschool Ages 3-5	



Field	Description	Validation	
Placement Preschool Ages 3-5	 The student's preschool placement. Options include: 0310: Early Childhood Setting 10hrs +/wk services in Reg EC Prog 0315: Early Childhood Setting 10hrs +/wk services in other location 0325: Early Childhood Setting Less than 10hrs/wk services in Reg EC Prog 0330: Early Childhood Setting Less than 10hrs/wk services in other location 0330: Early Childhood Setting Less than 10hrs/wk services in other location 0335: Special Education Class 0345: Separate School 0355: Residential Facility 0365: Home 0375: Service Provider Location 	N/A	
Participation with Non-Disabled Peers			
Program Options	 The program area. Options include: Art Career and Technical Ed Music Early Childhood Program Physical Education (PE) Other 	Multiple options can be selected.	
Specify Other <i>Required</i>	The other program area.	*This field is available and required when Other is selected from the Program Options field. This field is limited to 150 characters.	
Non-Academic	 The non-academic area. Options include: Counseling Meals Employment Referrals Recess Health Services Other 	Multiple options can be selected.	



Field	Description	Validation
Specify Other Required	The other non-academic area.	*This field is available and required when Other is selected from the Non- Academic field. This field is limited to 150 characters.
Extracurricular	The extracurricular area. Options include: • Athletics • Clubs • Groups • Recreation • Other	Multiple options can be selected.
Specify Other Required	The other extracurricular area.	*This field is available and required when Other is selected from the Extracurricular field. This field is limited to 150 characters.
Comments	Any comments related to the student's participation with non-disabled peers.	This field is limited to 8000 characters.
Justification for Placement- An explanation of the extent, if any, to which the student will not participate with non-disabled students in regular classes and non- academic activities	A description of the extent to which the student will not participate with non- disabled students.	This field is limited to 8000 characters.
The team addressed the potential harmful effects of the special education placement	Indicates the team addressed the potentially harmful impacts of the special education placement.	N/A



Extended School Year

The Extended School Year editor indicates that extended school year services are needed for the student to complete their education.

Extended School Year (IN PROGRESS)	Editor 18 of 2
xtended School Year Services	ermined by Date
Not Needed 🔹	/day/year
SY Beginning Date	ng Date
month/day/year	/day/year
etermination for ESY	
•	

Click here to expand...

Field	Description	Validation
Extended School Year Services	Indicates whether or not ESY services are needed for the student. Options include: • Needed • Not Needed • To be determined	N/A
To be Determined by Date * <i>Required</i>	The day the determination for ESY services with be made in the future.	*This field is available and required when To be determined is selected from the Extended School Year Services dropdown.
ESY Beginning Date	The first day of the ESY services.	This field pulls into the ESY Services editor.
ESY Ending Date	The last day of the ESY services.	This field pulls into the ESY Services editor.
Determination for ESY	Options include:Regression/RecoupmentEmerging SkillsMaintenance of Critical Life Skills	N/A

Medicaid Consent



The Medicaid Consent editor documents the parent/guardian's consent for the district to disclose the student's information to seek Medicaid funding.

This editor is part of the eSignature process. See the <u>South Dakota Plan eSignature Editors</u> article for additional information.

Medicaid Consent (NOT STARTED) (ESIGN)	Editor 19 of 21
Medicaid Number *	
Physician's Name Physician's Phone Number ()X	
Physician's Address	
The district must obtain written parental consent consistent with §24:05:29:13 prior to accessing a student's or parent's public benefits or insurance for the first time	
I understand the following: 1. Personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided to a particular student) 2. Purpose of the disclosure (e.g., billing for services under state special education rules) 3. Disclosure will be made to the state Medicaid agency; and 4. As parents, I understand and agree that the public agency may access the parent's or student's public benefits or insurance to pay for services under state special rules	al education
I CONSENT for District to submit claims to Medicaid for covered services. I authorize Medicaid to make these payments to the District. I authorize the release of information from the District i necessary to request payment of benefits. I understand that if I have private health insurance, Medicaid has the right to recoup the costs from my private health insurance. I understand that if or services. However, the district may apply the cost that I otherwise would be required to pay in order to access my public benefits or insurance, the district is still required to provide my child services necessary to ensure FAPE at no cost to me	nese costs may d in filing a claim
I understand that I may revoke this permission at any time by notifying the District in writing. Refer to ARSD 24:05:14:01.02 through 24:05:14:01.06	
I DO NOT CONSENT ¹ for the District to submit claims to Medicaid for covered services	
For District Use Date consent was received by the district month/day/year	
Medicaid Consent Editor	

Click here to expand...

Field	Description	Validation
Medicaid Number Required	The student's Medicaid number.	N/A
Physician's Name	The name of the student's doctor.	This field is limited to 200 characters.
Physician's Phone Number	The doctor's phone number.	N/A
Physician's Address	The doctor's address.	N/A



Field	Description	Validation
I CONSENT OR I DO NOT CONSENT	The consent for Medicaid status. Options include: • I CONSENT for District to submit claims to Medicaid for covered services. I authorize Medicaid to make these payments to the District. I authorize the release of information from the District to Medicaid as necessary to request payment of benefits. I understand that if I have private health insurance, Medicaid has the right to recoup the costs from my private health insurance. I understand that these costs may count against the lifetime cap of my private health insurance. I further understand that I will not incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services. However, the district may pay the cost that I otherwise would be required to pay in order to access my public benefits or insurance, the district is still required to provide my child with all the services necessary to ensure FAPE at no cost to me • I DO NOT CONSENT for the District to submit claims to Medicaid for covered services	Only one option can be selected. The Serving District field from the student's Enrollment record pulls into the "District" verbiage on the UI and printed document.
Date consent was received by the district <i>Required</i>	The day consent was received by the district.	N/A

Prior Written Notice

The Prior Written Notice editor documents what actions the team will take in regard to the student's special education needs.

This editor is part of the eSignature process. See the <u>South Dakota Plan eSignature</u> <u>Editors</u> article for additional information.

Prior Written Notice IN PROGRESS ESIGN Editor 22 La Date Sent Action Proposed or Refused		mpus			
	Date Sent Action Proposed or Refused	Prior W	ritton Notico (IN PROCESS) (F	sign	Editor 22 of 23
Le Date Sent Action Proposed or Refused		PHOI W			20101220123
	04/07/2025 Example action	2.	Date Sent	Action Proposed or Refused	
04/07/2025 Example action			04/07/2025	Example action	

Click here to expand...

Prior Written Notice List Screen

Column Name	Description
Date Sent	The day the prior written notice was sent.
Action Proposed or Refused	The first 100 characters of the proposed or refused action.

Prior Written Notice Detail Screen

Select an existing record or click New to open the detail screen.



Prior Written Notice		
Action proposed or refused by the district		
Evaluation for Special Education Services		Date Sent *
))	luation of your child for special education services on of your child for special education services	month/day/year
Identification		
 Is not eligible for special education and relat Is eligible for special education under the car 		
Eligibility Categories		
Select disabilities		
Continues to be eligible for special education Eligibility Categories Select disabilities Eligibility category is being changed		
Previous Eligibility Category	New Eligibility Category	
•	· · · · · · · · · · · · · · · · · · ·	
Will receive the following related Services in	order to benefit from special education	
Specify Related Services		
Will continue to receive the following Related	Services in order to benefit from special education	
Specify Continued Related Services		

Prior Written Notice Detail Screen

Field	Description	Validation
Evaluation for Special Education Services	 Options include: The district declines to conduct an initial evaluation of your child for special education services The district declines to conduct a reevaluation of your child for special education services 	Only one option can be selected.
Identification	 Options include: Is not eligible for special education and related services Is eligible for special education under the category(ies) of 	Only one option can be selected.



Field	Description	Validation
Eligibility Categories *Required	The student's disability eligibility category. Options include: 500: Deaf-Blindness 505: Emotional Disability 510: Cognitive Disability 515: Hearing Loss 525: Specific Learning Disability 530: Multiple Disabilities 535: Orthopedic Impairment 540: Vision Loss 545: Deafness 550: Speech/Language 555: Other Health Impaired 560: Autism Spectrum Disorder 565: Traumatic Brain Injury 570: Developmental Delay	*This field is available and required when "Is eligible for special education under the category(ies) of" is selected for the Identification field.
Continues to be eligible for special education under the category(ies) of	Indicates the student is continuing to be eligible for special education.	N/A
Eligibility Categories *Required	The student's disability eligibility category. Options include: 500: Deaf-Blindness 505: Emotional Disability 510: Cognitive Disability 515: Hearing Loss 525: Specific Learning Disability 530: Multiple Disabilities 535: Orthopedic Impairment 540: Vision Loss 545: Deafness 550: Speech/Language 555: Other Health Impaired 560: Autism Spectrum Disorder 565: Traumatic Brain Injury 570: Developmental Delay	*This field is available and required when "Continues to be eligible for special education under the category(ies) of" is marked.
Eligibility category is being changed	Indicates the student's eligibility category is changing.	



Field	Description	Validation
Previous Eligibility Category * <i>Required</i>	The student's previous disability eligibility category.Options include: 500: Deaf-Blindness 505: Emotional Disability 510: Cognitive Disability 510: Cognitive Disability 515: Hearing Loss 525: Specific Learning Disability 530: Multiple Disabilities 535: Orthopedic Impairment 540: Vision Loss 545: Deafness 550: Speech/Language 555: Other Health Impaired 560: Autism Spectrum Disorder 565: Traumatic Brain Injury 570: Developmental Delay	*This field is available and required when "Eligibility category is being changed" is marked.
New Eligibility Category *Required	The student's new disability eligibility category. Options include: 500: Deaf-Blindness 505: Emotional Disability 510: Cognitive Disability 511: Hearing Loss 525: Specific Learning Disability 530: Multiple Disabilities 535: Orthopedic Impairment 540: Vision Loss 540: Vision Loss 545: Deafness 550: Speech/Language 555: Other Health Impaired 560: Autism Spectrum Disorder 565: Traumatic Brain Injury 570: Developmental Delay	*This field is available and required when "Eligibility category is being changed" is marked.
Will receive the following related Services in order to benefit from special education	Indicates the student requires related services to benefit from special education.	N/A



Field	Description	Validation
Specify Related Services *Required	The specific related services.	*This field is available and required when "Will receive the following Related Services in order to benefit from special education" is marked. This field is limited to 1000 characters.
Will continue to receive the following Related Services in order to benefit from special education	Indicates the student will continue to receive related services.	N/A
Specify Continued Related Services *Required	The specific related services.	*This field is available and required when "Will continue to receive the following Related Services in order to benefit from special education" is marked. This field is limited to 1000 characters.
Is no longer in need of the following Related Services in order to benefit from special education	Indicates the student no longer requires related services.	N/A
Specify Discontinued Related Services *Required	The specific discontinued related services.	*This field is available and required when "Is no longer in need of the following Related Services in order to benefit from special education" is marked. This field is limited to 1000 characters.
Educational Placements/Change in Educational Placement		



Field	Description	Validation
Initial educational placement is	The student's initial placement.	N/A
Educational Placement *Required	 Options include: 0100: General Class with Modifications 80-100% 0110: Resource Room 40-79% 0120: Self-Contained Classroom 0-39% 0130: Separate Day School 0140: Residential Facility 0150: Home/Hospital 0310: Regular Early Childhood Program 10 hrs+/wk & SPED Services in Reg EC program 0315: Regular Early Childhood Program 10 hrs +/week & SPED Services in other location 0325: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in Reg EC program 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in other location 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in other location 0335: Special Education Class 0345: Separate School 0355: Residential Facility 0365: Home 0375: Service Provider Location 	*This field is available and required when the "Initial education placement is" field is marked.
Educational placement is being changed from	Indicates the student's educational placement is changing.	N/A



Field	Description	Validation
Previous Educational Placement *Required	 Options include: 0100: General Class with Modifications 80-100% 0110: Resource Room 40-79% 0120: Self-Contained Classroom 0-39% 0130: Separate Day School 0140: Residential Facility 0150: Home/Hospital 0310: Regular Early Childhood Program 10 hrs+/wk & SPED Services in Reg EC program 0315: Regular Early Childhood Program 10 hrs +/week & SPED Services in other location 0325: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in Reg EC program 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in neg EC program 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in neg EC program 0335: Special Education Class 0345: Separate School 0355: Residential Facility 0365: Home 0375: Service Provider Location 	*This field is available and required when the "Educational placement is being changed from" field is marked.



Field	Description	Validation
New Educational Placement *Required	 Options include: 0100: General Class with Modifications 80-100% 0110: Resource Room 40-79% 0120: Self-Contained Classroom 0-39% 0130: Separate Day School 0140: Residential Facility 0150: Home/Hospital 0310: Regular Early Childhood Program 10 hrs+/wk & SPED Services in Reg EC program 0315: Regular Early Childhood Program 10 hrs +/week & SPED Services in other location 0325: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in other location 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in neg EC program 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in neg EC program 0335: Special Education Class 0345: Separate School 0355: Residential Facility 0365: Home 0375: Service Provider Location 	*This field is available and required when the "Educational placement is being changed from" field is marked.
No longer meets eligibility criteria and will be exited from the special education program	Indicates the student no longer meets the eligibility criteria and is exiting special education.	N/A
Is graduating with a high school diploma and will be exited from the special education program	Indicates the student is graduation and is exiting special education.	N/A
Has reached the maximum age of entitlement (21 years old) and will be exited from the special education program	Indicates the student has reached the maximum age and is exiting special education.	N/A



Field	Description	Validation
Individual Education Plan	 Options include: Development of Individual Education Plan Addendum to Individual Education Plan 	Only one option can be selected.
Disciplinary Change in Placement	 Options include: The district is proposing a disciplinary change of placement to the following Interim Alternative Placement The district is declining to make a disciplinary change of placement 	Only one option can be selected.
Interim Alternative Placement *Required	 Options include: 0100: General Class with Modifications 80-100% 0110: Resource Room 40-79% 0120: Self-Contained Classroom 0-39% 0130: Separate Day School 0140: Residential Facility 0150: Home/Hospital 0310: Regular Early Childhood Program 10 hrs+/wk & SPED Services in Reg EC program 0315: Regular Early Childhood Program 10 hrs +/week & SPED Services in other location 0325: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in Reg EC program 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in other location 0330: Regular Early Childhood Program Less than 10 hrs/wk & SPED Services in other location 0335: Special Education Class 0345: Separate School 0355: Residential Facility 0365: Home 0375: Service Provider Location 	*This field is available and required when the "The district is proposing a disciplinary change" option is marked.
Other Decisions		
Proposals	Indicates the team has further proposals.	N/A



Field	Description	Validation
Specify Other Proposals *Required	The specific proposals.	*This field is available and required when Proposals is marked. This field is limited to 8000 characters.
Refusals	Indicates the team has further refusals.	N/A
Specify Other Refusals *Required	The specific refusals.	*This field is available and required when Refusals is marked. This field is limited to 8000 characters.
Explanation of Action	n Proposed or Refused	
a. Explanation of why the district proposed or refused to take the action <i>Required</i>	A description of why the district proposed or refused action.	This field is limited to 8000 characters.
b. Description of other options that the IEP team considered and the reasons why those options were rejected <i>Required</i>	A description of the options the team considered when proposing or refusing action.	This field is limited to 8000 characters.
c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action <i>Required</i>	A description of the evidence used as a basis for the proposed or refused action.	This field is limited to 8000 characters.



Field	Description	Validation
d. Description of other factors that are relevant to district's proposal or refusal <i>Required</i>	A description of any other relevant factors.	This field is limited to 8000 characters.
Parental Resources		
Date District Proposes to Implement the Above Actions	The day the district proposes to implement the changes.	N/A
Five Calendar Day Notice Requirements	 Options include: I wish to waive the mandatory five calendar day waiting period I DO NOT wish to waive the mandatory five day calendar waiting period 	This field is usually signed by the parent/guardian during the eSignature process.
Changes noted in this prior written notice will start on	The day the changes will start.	N/A
lf you have questions please contact	The point of contact person.	This field is limited to 200 characters.
Contact Phone	The point of contact person's phone.	N/A
Prior Written Notice	Options are: • Given to parents • Sent to parents	N/A
Person Providing PWN	The person providing the prior written notice.	N/A
Date PWN Provided to Parent	The day the prior written notice was provided to the parent.	This field is limited to 200 characters.
PWN Method of Delivery	The method of delivering the prior written notice.	This field is limited to 200 characters.

Acknowledgments

The Acknowledgments editor is usually filled out by the parent/guardian during the eSignature process.



This editor is part of the eSignature process. See the <u>South Dakota Plan eSignature Editors</u> article for additional information.

Acknowledgements (NOT STARTED) (ESIGN)	Editor 21 of 21
Discussed evaluation results/progress/assessment method	Student is eligible for special education and related services as determined by the IEP Team
Copy of evaluation results received	An annual copy of Parent/Guardian Rights was received and reviewed
Transition Planning Needed If yes, attach applicable transition pages	month/day/year

Click here to expand...

Field	Description	Validations
Discussed evaluation results/progress/assessment method	Indicates the evaluation results were discussed. Options are Yes or No.	This field is usually signed by the parent/guardian during the eSignature process.
Student is eligible for special education and related services as determined by the IEP Team	Indicates the student is eligible for special ed services. Options are Yes or No.	N/A
Copy of evaluation results received	Indicates a copy of the evaluation results was received by the parent/guardian. Options are Yes or No.	This field is usually signed by the parent/guardian during the eSignature process.
An annual copy of Parent/Guardian Rights was received and reviewed	Indicates the copy of the parent/guardian rights document was received and reviewed by the student's parent/guardian. Options are Yes or No.	This field is usually signed by the parent/guardian during the eSignature process.
Date Parent/Guardian Rights received	The day the parent/guardian received the rights document.	This field is usually signed by the parent/guardian during the eSignature process.
Transition Planning Needed	Indicates a transition plan is needed. Options are Yes or No.	N/A



Field	Description	Validations
A copy of the IEP was provided to parent/guardian	Indicates a copy of the IEP was provided to the student's parent/guardian. Options are Yes or No.	This field is usually signed by the parent/guardian during the eSignature process.