

# Individual Education Plan eSignature Process (Nevada)

Last Modified on 03/11/2024 8:46 am CDT

Setup | Request eSignature | Guardian Review | Complete | Ad Hoc Inquiries

Classic View: Student Information > Special Ed > General > Documents

Search Terms: Special Ed Documents

The Nevada Individual Education Plan can be sent to parents/guardians to electronically sign (eSign) on the Campus Parent Portal. This document provides step-by-step instructions on the eSignature process.

# Setup

Tool Rights | Set Portal Preferences | Establish Relationships and Portal Accounts | Create and Enter IEP Information

Proper setup is needed in order for the plan to successfully go to the Portal for an eSignature.

## **Tool Rights**

Tool: Tool Rights

Make sure the user requesting the eSignature has the appropriate tool rights to **Request eSignature on Portal** (Student Information > Special Ed > Special Ed Documents > Plan >
Request eSignature on Portal). This tool right is either on or off, meaning assigning any of the
RWAD rights allows the user to send an eSignature request. For example, marking the Delete
checkbox provides the same rights as marking the Read checkbox.

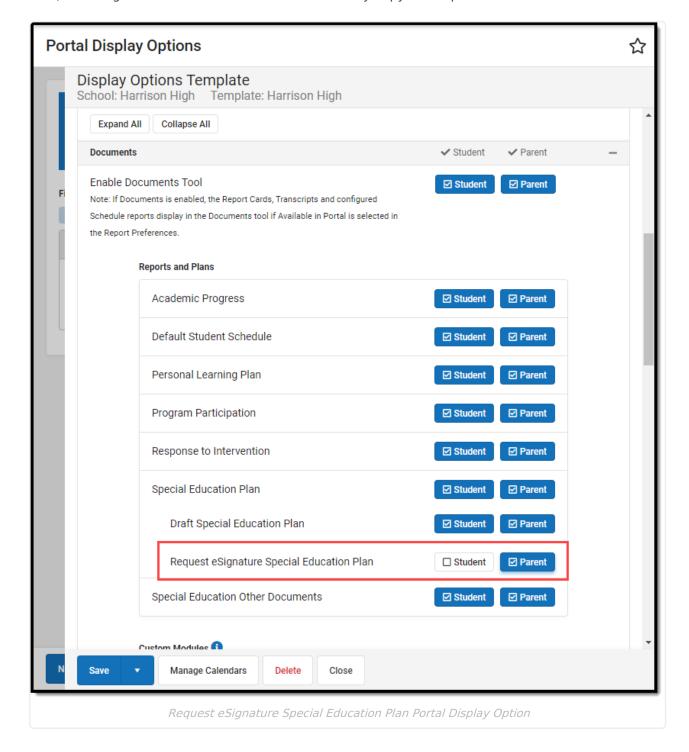
▼ Special Ed	- All	Read Write Add Delete		
Special Ed Caseload	☐ All	Read Write Add Delete		
Special Ed Contact Log	☐ All	Read Write Add Delete		
Access to Records Created By Other Users		Read Write Add Delete		
Special Ed Documents	All	🗸 Read 🗸 Write 🗸 Add 💟 Delete		
Plan	All	🗹 Read 🗹 Write 🗹 Add 💟 Delete		
Document Sections		Read Write Add Delete		
Amend Plan		Read Write Add Delete		
Сору		Read Write Add Delete		
Lock		Read Write Add Delete		
Unlock		Read Write Add Delete		
Publish Draft to Portal	All	🗸 Read 🗸 Write 🗸 Add 🗸 Delete		
Request eSignature on Portal	🗸 All	🗸 Read 🗹 Write 🗹 Add 💟 Delete		
Request eSignature on Portal Tool Right				



#### **Set Portal Preferences**

**Tool:** Display Options

Mark the Portal Preference Display Option, **Request eSignature Special Education Plan** for Parent (Display Options > Documents > Reports/Plans > Request eSignature Special Education Plan). Marking Student sends the student a read-only copy of the plan.

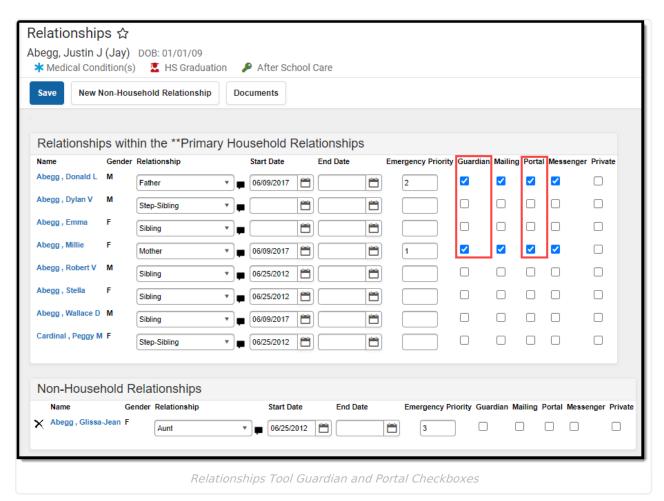


## **Establish Relationships and Portal Accounts**



#### **Tool:** Relationships

Guardians are eligible to receive an eSignature request when the **Guardian** and **Portal** checkboxes are marked on the student's Relationships tool. The guardian must have logged into the Portal at least once to receive the eSignature request.



#### **Create and Enter IEP Information**

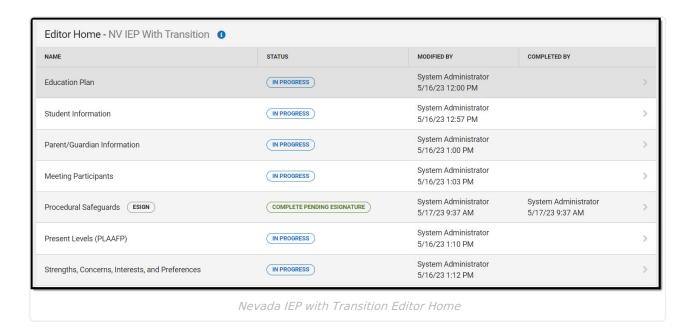
#### **Tool:** Special Ed Documents

Complete the plan creation process and fill out the IEP in Campus. Three editors, Procedural Safeguards, IEP Implementation, and Medicaid Consent, require parent/guardian eSignatures and are indicated with an eSign label on the the Editor Home. These editors must be placed in the status **Complete Pending eSignature** or **Not Needed** (Medicaid Consent only) in order to send the plan to the student's parent/guardian. All other editors must be in a **Complete** status.

See the Nevada Department of Education website for additional guidance on the Nevada Special Education process.

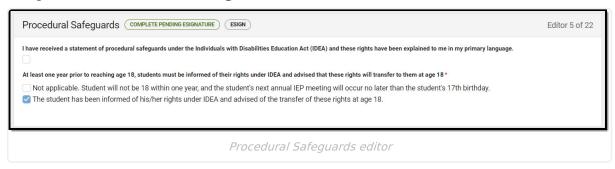
See the Nevada Individual Education Plan article for the most updated print format.





#### **Prepare eSignature Editors**

1. Navigate to the Procedural Safeguards editor.

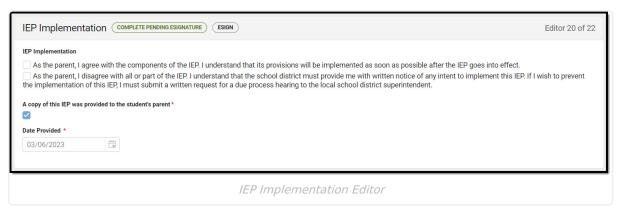


- 2. Mark either the **Not applicable** or **The student has been informed** ... checkboxes, then click **Save & Stay**.
- 3. Click the down arrow next to the **Complete** button in the action bar, then click **Complete Pending eSignature**. The editor is now in the correct status to send to the parent/guardian for eSignature.



4. Navigate to the IEP Implementation editor.





- Mark the A copy of this IEP was provided to the student's parent checkbox and enter a Date Provided.
- 6. Click Save & Stay.
- 7. Click the down arrow next to the **Complete** button in the action bar, then click **Complete Pending eSignature**. See the image for step 3 above. The editor is now in the correct status to send to the parent/guardian for eSignature.
- 8. Navigate to the **Medicaid Consent** editor. This editor can either be placed in a Not Needed or Complete Pending eSignature status depending on whether or not the student qualifies for Medicaid assistance.



9. Click the down arrow next to the **Complete** button in the action bar, then click **Complete Pending eSignature** OR **Not Needed**. The editor is now in the correct status to send to the parent/guardian for eSignature.



Work through all other editors and make sure they are all in a **Complete** status. Once all editors are in the correct status, the plan is ready to send to the parent/guardian for eSignature.



# Request eSignature

**Tool:** Special Ed Documents

After completing the plan setup, the plan is ready to send to the guardian for eSignature. Select the plan and then click the **Request/Remove eSignature** button.



A dialog displays asking the user to select one guardian from the list provided. At this time, only one guardian can sign the plan.





Click **Ok** to send the eSignature request. A checkmark icon displays next to the name of the plan indicating it has successfully been sent to the guardian. Information in the Document Detail also lists when the eSignature Request was sent and to which guardian.





# Remove eSignature

The user can pull the plan from the Portal at any time by clicking the **Request/Remove eSignature** button. This allows the user to make changes to the plan before the guardian has a chance to sign. A warning displays confirming the removal of the plan from Portal. Click **Ok** to confirm or **Cancel** to go back.

Removing the plan from Portal after the guardian has signed invalidates those signatures.



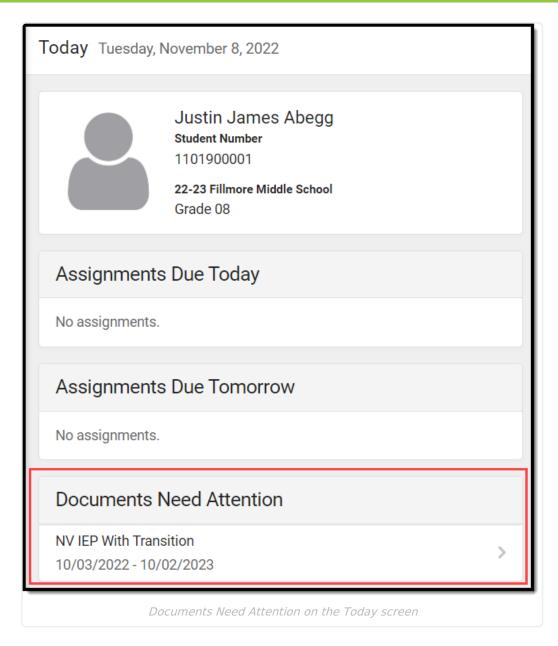
#### **Guardian Review**

Terms and Conditions | Decline Terms | Sign and Submit | Student and Non-Signing Guardian View

Tool: Campus Parent Portal, Campus Student Portal (read-only)

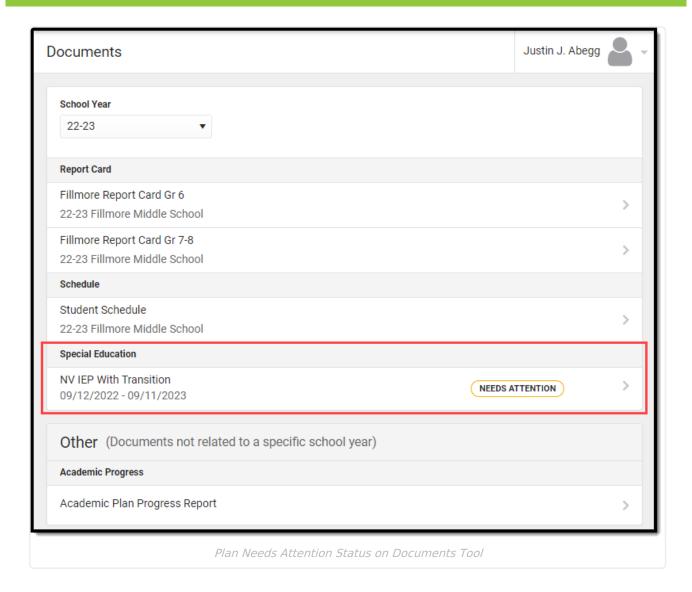
Once an eSignature request has been sent, the guardian can access the plan from three locations: a bell notification link, under the Documents Need Attention section on the Today screen, and the Documents tool.





A status of **Needs Attention** displays next to the name of the plan on the Documents tool.

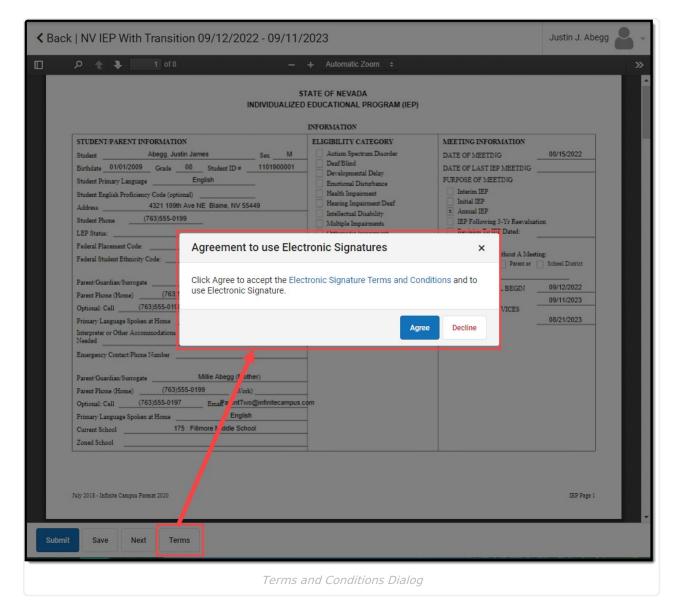




# **Terms and Conditions**

The **Terms** button displays a dialog box explaining the guardian must accept the Terms and Conditions for Electronic Signature before saving and submitting the plan. A link in the dialog brings the user to a PDF detailing the terms.





After the guardian accepts the terms, the Terms button no longer displays.

#### **Decline Terms**

When the guardian declines the terms, a physical copy of the plan must be printed out, signed, and returned to the school. Click the **Decline** button to decline the terms. A dialog displays to confirm the action of declining the terms.





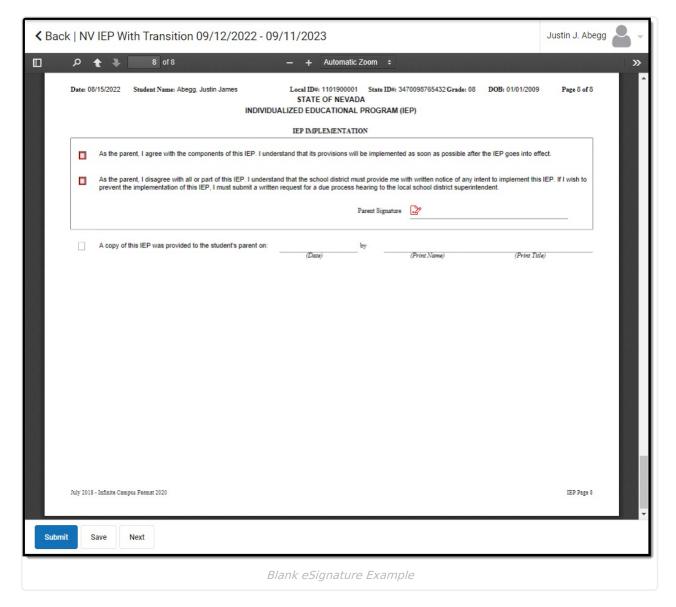
When a guardian declines the terms, a status of **Declined Terms and Conditions and Pending** displays next to the name of the plan on the Documents tool.



## Sign and Submit

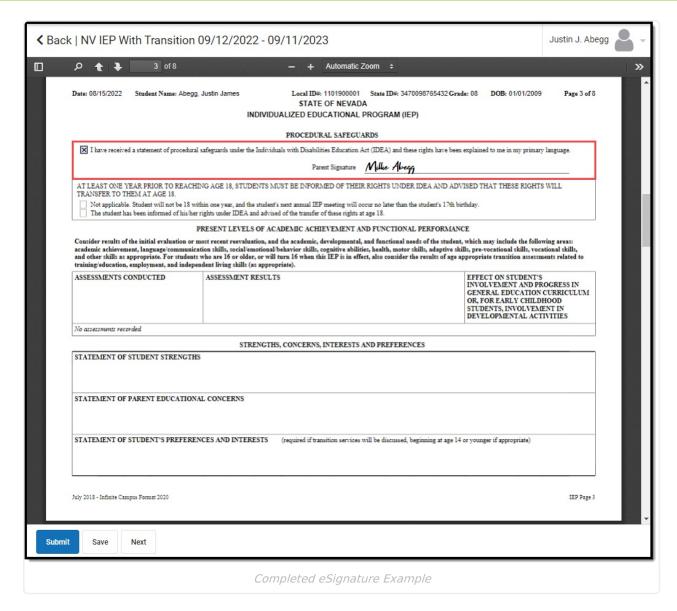
After agreeing to the terms, several signatures and their corresponding checkboxes must be filled out before the guardian can submit.





Mark all desired checkboxes in red and click the paper and pencil icon on the signature lines to electronically sign. The **Next** button navigates the guardian directly to the next item on the plan that needs attention. Click **Save** to save progress.





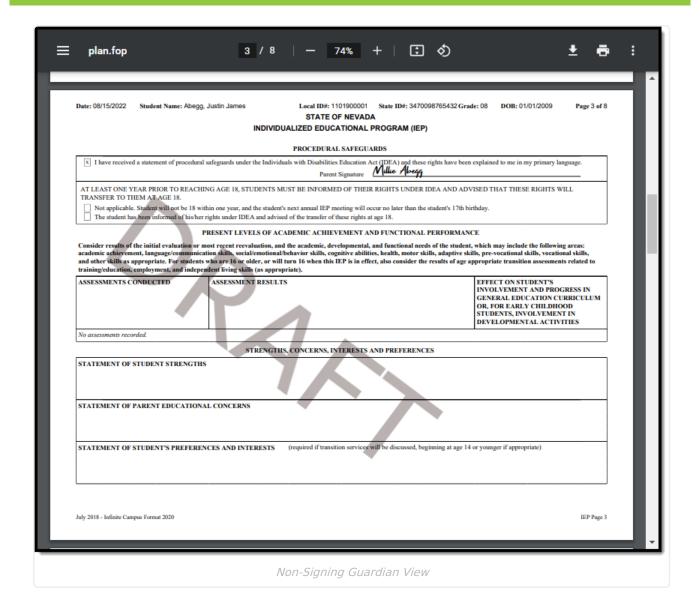
After all signatures are captured and the checkboxes are marked, click **Submit.** On the Documents tool, a status of **Signed and Pending** displays next to the plan name and the guardian can view a read-only copy of the plan.



# **Student and Non-Signing Guardian View**

The student and any other guardians who have not been chosen to sign can view a read-only version of the plan. A Draft watermark displays indicating the plan has not yet been completed.





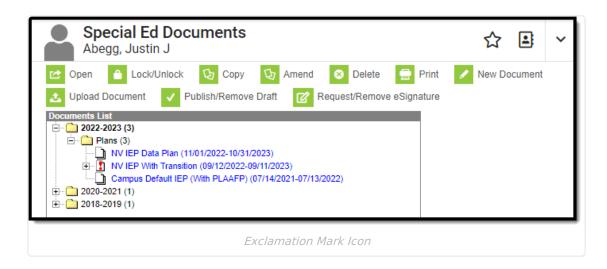
# **Complete**

Guardian Declined Terms | Guardian Declined Plan | Guardian Agreed Terms and Plan | Lock | Delete | Amend

**Tool:** Special Ed Documents

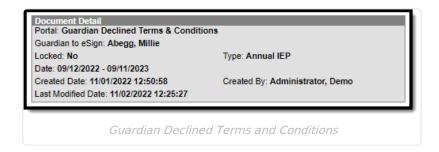
After a guardian has signed OR declined the Terms and Conditions for eSignature, additional completion steps are needed on the Special Ed Documents tool. An exclamation mark icon is displays next to the name of the plan indicating action is needed.





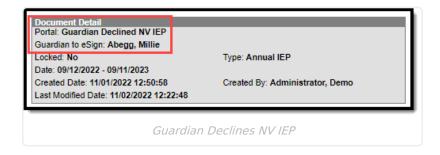
#### **Guardian Declined Terms**

When a guardian declines the Terms and Conditions for eSignature, a message displays on the Document Detail indicating the terms were declined. A physical copy is needed to obtain guardian signatures at this time.



#### **Guardian Declined Plan**

When the guardian accepts the Terms and Conditions but disagrees with the contents of the plan, the Document Detail indicates the plan was declined and a PDF copy of the signed plan displays in the Copies folder.



#### **Guardian Agreed Terms and Plan**

When a guardian accepts the Terms and Conditions, agrees to the contents of the plan, and electronically signs the plan, a message displays on the Document Detail indicating who signed the plan and a PDF copy of the signed plan displays in the Copies folder.



Any changes made to the plan at this stage invalidates the signatures. When changes need to be made to the plan, an additional eSignature Request must be sent back to the guardian.



#### Lock

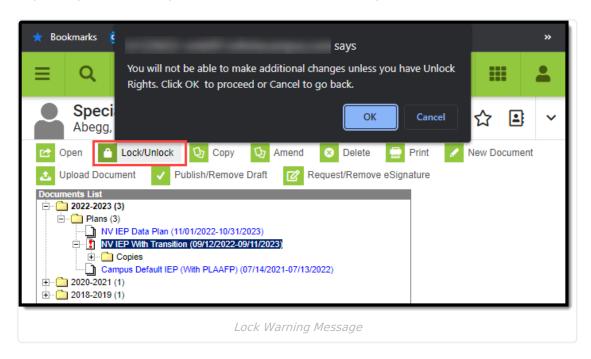
Locking the plan completes the process and syncs the plan to the state. Several conditions must be met in order to lock the plan. Usually, these are done by the guardian during the eSignature process.

- 1. On the Procedural Safeguards editor, the "I have received a statement..." checkbox must be marked.
- 2. On the IEP Implementation editor, either the the first or second "As a parent..." checkboxes must be marked.

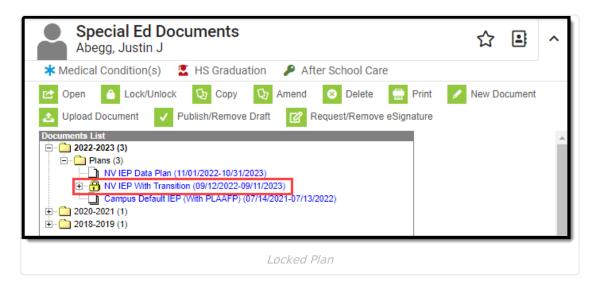


Additional lock logic may apply when the plan was not filled out completely.

Click **Lock** to complete the plan process. A warning displays indicating users are not able to make any changes unless they have additional Unlock Tool Rights.



Click **OK** to proceed. A locked icon displays indicating the plan is locked.

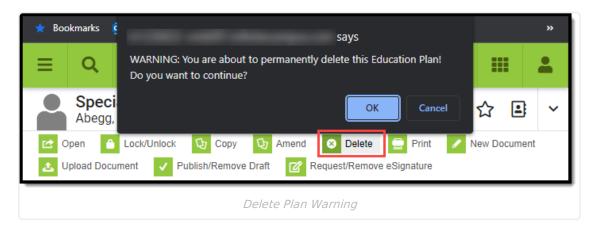


#### **Delete**

It is NOT recommended to delete the original plan or any copies of the plan.



Only the original plan can be deleted, if necessary. Copies of the plan cannot be deleted unless the original plan is removed first. This is NOT recommended. Select the original plan and then click **Delete**. A warning displays explaining the consequences of deleting the plan.



Click **OK** to perform the delete or **Cancel** to go back. Any copies of the plan display in the Uploaded Documents folder and can be deleted at this time.

#### **Amend**

When amending a plan with eSignatures, the eSignature for the IEP Implementation editor clears out. When the amendment process has been complete, the plan needs to be sent back to the parent/guardian to sign the IEP Implementation section again. The amendment process is the same for plans with and without eSignature functionality. See the Amend Special Ed Documents article for the full Amend process.

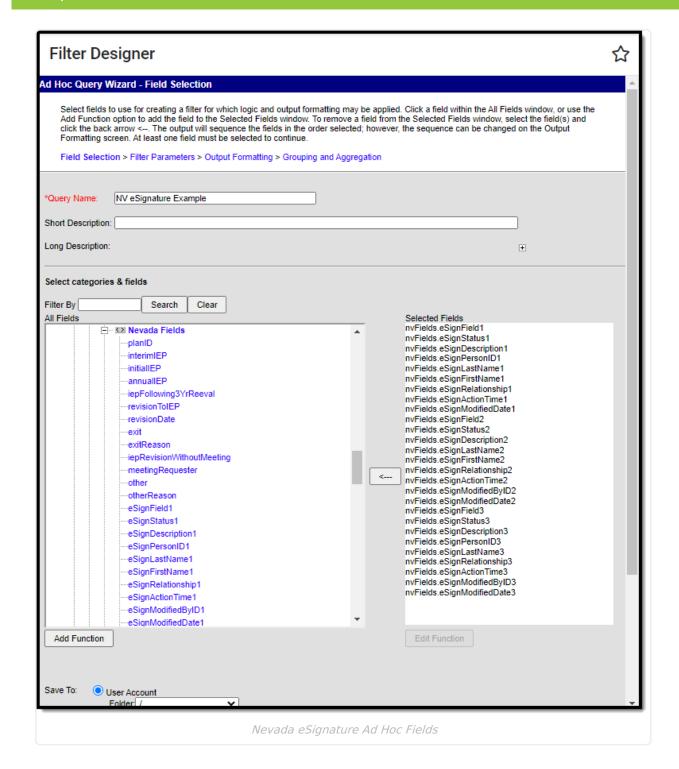
# **Ad Hoc Inquiries**

Ad Hoc eSignature Field Descriptions | Ad Hoc eSignature Examples

**Tool:** Filter Designer

Users can build filters in the Ad Hoc Filter Designer to query eSignature information. Nevada eSignature fields are located at Student > Learner Plan > Learning Plan > Nevada Fields.





#### Ad Hoc eSignature Field Descriptions

See the table below for a description of the eSignature fields.

**Note**: Additional numbered fields (1-6) are placeholders for additional signatures added to the plan in the future. Below are descriptions of the first eSignature fields.



Ad Hoc Field	Description and Plan Location (if applicable)  Click to enlarge images
nvFields.eSignField1	The name of the first signature field. This could be any of the three signatures in the plan, whichever the guardians signs first. Options include:  Procedural Safeguards  Date: 08/19/2022 Student Name: Abogo, Justin James Local LDR: 110/1900001 State LDR: 3470088785432 Grade: 08 DDR: 010/1/2009 Page 3 of 8
	STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)  PROCEDURAL SATEGUARDS  1 Thave received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.  Parent Signature  Parent Signature
	Agreement
	Date: 08/15/2022 Student Name: Abogg, Justin James Local IDI: 10/1900001 State IDI: 3470098765432 Grade: 08 DOB: 01/01/2009 Page 8 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
	IEP IMPLEMENTATION
	As the parent, I agree with the components of this IEP, I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.
	As the parent, I disagree with all or part of this IEP, I understand that the school district must provide me with written notice of any intent to implement this IEP, If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.  Purent Signature  Multer Abegg
	Medicaid Agreement
	Plass review the statements below and select your option by chacking the appropriate box.  Yes. As the parent guardian of the student named above, I give my consent to the District to disclose information from my chald's education records to DHCFF only as necessary to allow the District to seek helicized funds to believe over the costs of the school health services provided to my chald.  I understand that or consent will remain effect until withdraw may consent at may time by notifying the District. If withdraw my consent, the District will continue to provide school health services to my child at no cost to me, the parent guardian.  In As the parent guardian of the student named above, I do not give my consent to the District to disclose information from my child's education records to DHCFF.  I understand that if I do not give my consent, the District will continue to provide necessary school health services to my child at no cost to me, the parent guardian.  Name:  (Name of parent guardian)  Date:  (Month-day-year)
nvFields.eSignStatus1	<ul> <li>The status of the signature. Options include:</li> <li>Signed - guardian has signed and saved that signature</li> <li>Pending - guardian has saved the plan without signing that signature</li> <li>Overridden - something was changed in the plan after it was signed. This also indicates the plan has not been resent to the guardian. This signature is no longer valid.</li> </ul>



Ad Hoc Field	Description and Plan Location (if applicable)  Click to enlarge images
nvFields.eSignDescription1	The description of the signature. This could be any of five checkbox names, depending on which signature the guardian signed first and which checkbox they marked.
	Received a statement of procedural safeguards (Procedural Safeguards checkbox - I have received a statement)
	Date: 08/15/2022 Student Name: Abogg, Justin James  Lacal IBs: 110100001 State IBs: 3470086765432 Grade: 08 DOB: 01/01/2009 Page 3 of 8  STATE OF NEVADA  INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)  PROCEDURAL SAFEGUARDS  1 There received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.  Page 3 of 8  The Procedural Safeguards and Safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.  Page 4 of 8  The Procedural Safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language.
	Agree with the components of this IEP (Agreement Checkbox - As the parent, I agree)
	Date: 08/15/2022 Student Name: Abegg, Justin James Lacal IDH: 11/01800001 State IDH: 3470088785432 Grade: 08 DOB: 01/01/2009 Page 8 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)  IEP IMPLEMENTATION   As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.
	As the parent, I disagree with all or part of this IEP, I understand that the school district must provide me with written notice of any intent to implement this IEP, If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.
	Parent Signature Mille Abegg
	Disagree with all or part of this IEP (Agreement
	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Please review the statements below and select your option by checking the appropriate box.  Yes, As the parent paren
	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Please review the statements below and select year option by clacking the appropriate box.  Yes. As the parent paradian of the industr annual above, I give any consent to the District to disclose information from my child's education records to DHCFP only as necessary to allow the District to seak Medicaid finable to help cover the cents of the achieved banks services provided to my child.  I understand that my consent will remain in effect until I withdraw in and that I may withdraw my consent at any time by notifying the District. If I withdraw my consent, the District will continue to provide achool leakth services to my child is no cover to me, the parent guardian.
	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Please review the statements below and salest your option by chacking the appropriate box.  Yes. As the parent journillan of the student named above, I give any consent to the District to disclose information from my child's education records to DHCFP only as necessary to allow the District to seek Indicated frame to halp cover the cents of the achieve health services provided to my child.  I understand that my connect will remain in effect until windings, and dard I many windings my connect at any time by notifying the District. If I windings my connect, the District will continues to provide school health services to my child at no cost to me, the parent journillan.  No. As the parent journillan of the student named above, I do not give my connect to the District to disclose information from my child's education records to DHCFP.  I understand that if I do not give my connect, the District will continues to provide necessary school health services to my, child at no cost to me, the parent journillan.  No. As the parent journillan of the student named above, I do not give my connect to the District will continues to provide necessary school health services to my, child at no cost to me, the parent journillan.
	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Please review the statements below and select your option by checking the appropriate box.  Yes, As the parent guardian of the indust named above, I give any consent to the District to disclose information from my child's advantion records to DHCFP only as necessary to allow the District on best Medical fathors to be high cover the consent of the such location and services provided to may child.  I understand that my consent will remain in effect until I withdraw m, and that I may withdraw my consent at any time by notifying the District. If I withdraw my consent, the District will continue to provide school bealth services to my child are cost to not, the green guardian.  No. As the parent guardian of the student named above, I do not give my consent to the District to disclose information from my child's advantion records to DHCFP.  I understand that if I do not give my consent, the District will continue to provide necessary school health services to my child at no cost to me, the parent guardian.  Vanue:  Chans of parent guardian.  Date.
nvFields.eSignPersonID1	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Please review the statements below and select your option by checking the appropriate box.  Yes, As the parent/guardian of the student assend above, I give my consent to the District to disclose information from my child's education records to DHCFP only as necessary to allow the District to select Medical final most below core for each of the school beath services provided to may child.  I understand that my consent will remain in effect until I withhere is, and that I may withhere my consent at my time by notifying the District. If I withdraw my consent, the District will continue to provide school beath services to my child a education records to DHCFP.  I understand that if I do not give my consent, the District will continue to provide necessary school health services to my child at no cost to me, the parent guardian.  Name.  (Name of parent guardian)  Signature Machany  (Signature of parent guardian)  No (Medicald Agreement Checkbox - No. As the
nvFields.eSignPersonID1 nvFields.eSignLastName1	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Please review the statements below and select your option by classing the appropriate box.    Yes. As the parent pursuing of the student samed above, I give any consent to the District to disclose information from my child's education records to DHCFP only an necessary to allow the District to seak Medicaid funds to help cover the costs of the school hashful services to use of the district of use of the student samed above, I do not give my consent at any time by notifying the District. If withdraw my consent, the District will continue to provide color hashful services to use of the student samed above, I do not give my consent at any time by notifying the District. If withdraw my consent, the District will continue to provide color hashful services to my child's education records to DHCFP.  I understand that if I do not give my consent, the District will continue to provide nacessary school hashful services to my child at no cost to me, the parent guardian.    Name.
	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)    Please review the statement below and select your option by checking the appropriate box.
nvFields.eSignLastName1	The Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Fleate review the statements below and select your option by checking the appropriate box.  Ye has the parent guardian of the student named above, I give my creases to the District to disclose information from may child's education records to DHCFP only as secessary to allow the District to disclose information from may child's education records to DHCFP only as secessary to allow the District to disclose information from may child's education records to DHCFP only as secessary to allow the District to disclose information from may child's education records to DHCFP only as secessary to allow the District to disclose information from may child's education records to DHCFP only as secessary to allow the District to disclose information from may child's education records to DHCFP.  I understand that if I do not give my consent, the District will continue to provide secessary school health services to my child at no cost to me, the parent guardian.  Name:
nvFields.eSignLastName1 nvFields.eSignFirstName1	Checkbox - As the parent, I disagree)  Yes (Medicaid Agreement Checkbox - Yes. As the parent/guardian)  Please review the statements below and select your option by checking the appropriate box.  Yes. As the parent jumine of the instant manual above, I give any consent to the Debtical disclose information from may child's schemation records to DHCTP only as necessary to allow that Debtical the selection of the schedul and provide school health services to only child as no cost to me, the parent jumine in the provide school health services to only child as no cost to me, the parent jumine in the provide school health services to only child as no cost to me, the parent jumine in the provide school health services to only child as no cost to me, the parent jumine in the provide school health services to only child a no cost to me, the parent jumine in the



Ad Hoc Field	Description and Plan Location (if applicable)  Click to enlarge images
nvFields.eSignModifiedByID1	The person ID of the person who last modified the plan.
nvFields.eSignOverriddenByName1	The name of the person who overrode the eSignature.

# **Ad Hoc eSignature Examples**

Click the image to enlarge





#### **Previous Versions**

Individual Education Plan eSignature Process (Nevada) [.2319 and previous]