

Individual Education Plan (Nebraska)

Last Modified on 05/30/2025 8:03 am CDT

Plan Information | Student Information | Parent/Guardian Information | Enrollment Information | Team Meeting | Meeting Excusal | Special Considerations | PLAAFP | Educational Needs | Subject Areas | Behavioral Assessment and Intervention Plan | State and District-Wide Assessments | Location of Services | Special Ed Services | Related Services | Student and Staff Support | Secondary Transition | Extended School Year | Communication of Progress | Transportation Plan | Participation in Education Programs | Participation in Physical Ed | Annual Goals | Prior Written Notice | Acknowledgements | Medicaid

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 Nebraska. This document describes each editor, each field on the editor, and any special considerations and instructions.

The Private School Plan is an exact copy of the Individual Education Plan. For information on general functionality, navigation, and additional plan and evaluation features, see the core Plan and Evaluation Information article.

The current print format of this document is the **NE IEP 2025**. Plan formats are set up using the Plan Type Setup tool.



Editor Home - NE IEP 2025 (1)			
NAME	STATUS	MODIFIED BY	COMPLETED BY
Plan Information	NOT STARTED		>
Student Information	NOT STARTED		>
Parent/Guardian Information	NOT STARTED		>
Enrollment Information	NOT STARTED		>
Team Meeting	NOT STARTED		>
Meeting Excusal ESIGN	NOT STARTED		>
Special Considerations: Federal and State Requirements	NOT STARTED		>
PLAAFP	NOT STARTED		>
Subject Areas	NOT STARTED		>
Behavioral Plan	NOT STARTED		>
State and District-Wide Assessments	NOT STARTED		>
Editor Ho	ome		

Plan Information

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

This editor must saved before entering data into other editors.

Category *			
Initial	•		
Meeting Date *	Start Date *	End Date *	
05/05/2025	05/19/2025	05/20/2026	
Eval/RED Date *	Reevaluation Due Date	Mail Date	
05/05/2026	month/day/year	month/day/year	

• Click here to expand...

Infinite C

Field	Description	Validation
Category <i>Required</i>	Options include: • Initial • Annual • Interim • Amendment	N/A
Meeting Date	The day the student's team met.	N/A
Start Date <i>Required</i>	The first day of the plan.	N/A
End Date Required	The last day of the plan.	N/A
Eval/RED Date Required	The day the student was last evaluated.	N/A
Reevaluation Due Date	The day in the future when the student is evaluated again.	N/A
Mail Date *Required	The date the plan was mailed to the student's parent/guardian.	This field is required to Complete the editor.
Secondary Transition information is needed for this student	Indicates transition information is needed in this plan.	This automatically becomes marked and read-only when the student is 14 years old or older.

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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 Informati	ON IN PROGRESS		Editor 2 of	26
When a Plan is generate	d, a snapshot of the student's informa	tion is taken from Census. Click Refresh	to retrieve current student information.	
Last Name	First Name Dixie	Middle Name Lynn	Suffix	
Age 15	Birthdate	Gender F		
Address	NE 68310	Home Phone		
Student Number				
Student Primary Language 1290: English				
Case Manager Information				
Name Sarah Phone		Title Teacher (SPEDSTAFF)		
FIGHE				
Student Information Editor				

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



Field Name	Description	Database and UI Location (when Refreshed is clicked)	
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	
Gender	The student's gender.	Demographics > Gender	
		identity.gender	
Address	The student's address.	Households > Address Info	
		address.number; address.street; address.tag; address.prefix; address.dir; address.apt; address.city; address.state; address.zip	
Student Number	The student's ID number.	Enrollment > Student Number identity.studentNumber	
Student	The language the student primarily	Demographics > Home Primary	
Primary Language	speaks.	Language	
Lunguage		identity.homePrimaryLanguage	
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 Informa			Editor 3 of 26
		ion is taken from Census. Individuals with the Guardian checkl trieve current Guardian information.	oox marked on
Parent/Guardian			
Print Sequence ③ 1 Vame Abbott, Steven Lee - Father Address 220 S 16th St, Beatrice, NE 68310 Home Phone (999)555-6774 E-mail Home Primary Language	Work Phone	Cell Phone (999)555-6342	Remove
Parent/Guardian			
Print Sequence 3			Remove
	Darant/Cuara	lian Information Editor	

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.
Print Address	When marked, the guardian's address information prints. This defaults to unmarked.
Home Phone	The parent/guardian's home phone. This field does NOT print.
Work Phone	The parent/guardian's work phone. This field does NOT print.
Cell Phone	The parent/guardian's cell phone. This field does NOT print.



Field	Description
Email	The parent/guardian's email. This field does NOT print.
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)	1	Editor 4 of 26	
	ta. Information entered into this editor will modify		
Primary Disability *	Secondary Disability	Fifth Disability	
13: Autism 🔻	·	▼	
Tertiary Disability	Fourth Disability		
Special Ed Status	Special Ed Setting	Entry Date	
Y: Yes	20: Public School - Inside regular class 🔻	5/1/2024	
Part C Transition Delay Reason			
· · · · · · · · · · · · · · · · · · ·			
School Name Beatrice High School	School Phone (999)555-6261		
School Year 24-25	Grade 10		
District Information			
District Number	District Name PUBLIC SCHOOLS		
	Enrollment Information Editor		

|--|



Field	Description	Validation
Primary Disability <i>Required</i>	 The student's first disability. Options include: 00: No Verified Disability 01: Emotional Disturbance 02: Deaf-Blindness 03: Deaf or Hard of Hearing 07: Multiple Impairment 08: Orthopedic Impairment 09: Other Health Impairment 10: Specific Learning Disability 11: Speech Language Impairment 12: Visual Impairment 13: Autism 14: Traumatic Brain Injury 15: Developmental Delay 16: Intellectual Disability 	This pulls in from the selected Enrollment record when users click Refresh .
Secondary Disability	The student's second disability, when applicable. The options available are the same as the Primary Disability options.	This pulls in from the selected Enrollment record when users click Refresh .
Tertiary Disability	The student's third disability, when applicable. The options available are the same as the Primary Disability options.	This pulls in from the selected Enrollment record when users click Refresh .
Hearing Disability	 The student's hearing disability, when applicable. Options include: DEAF: Deaf (Severe/Profound) PD: Hard of Hearing (Mild/Moderate) 	This pulls in from the selected Enrollment record when users click Refresh .
Vision Disability	The student's vision disability, when applicable. Options include: • BLIND: Blind • LB: Legally Blind • PB: Partial Sighted	This pulls in from the selected Enrollment record when users click Refresh .
Special Ed Status	Indicates the student's special ed status. Options are Yes or No.	This pulls in from the selected Enrollment record when users click Refresh .

Field	Description	Validation
Special Ed Setting	The location where the student where the student receives their education and special education service. Click the expand link to view available options. Click here to expand 1: 0-3 Home 2: 0-3 Community Based Setting 3: 0-3 Other Setting 5: 3-21 Separate School 6: 3-5 Separate Class 7: 3-21 Residential Facility 8: 3-5 Home 9: 3-5 Service Provider Location 20: Public School - Inside regular class 80% or more of the day 21: Public School - Inside regular class 40% through 79% of the day 22: Public School - Inside regular class less than 40% of the day 13: 6-21 Homebound/Hospital 14: 6-21 Private School or Exempt (Home) School 15: 6-21 Correction/Detention Facility 16: Reg EC Prog, 10+ h/wk; Services at EC Prog 17: Reg EC Prog, <10 h/wk; Services at EC Prog 18: Reg EC Prog, <10 h/wk; Services outside EC Prog 19: Reg EC Prog, <10 h/wk; Services outside EC Prog 4: 3-5 Regular EC Program 10: 6-21 Public School 11: 6-21 Residential Facility	This pulls in from the selected Enrollment record when users click Refresh .
Entry Date	The day the student entered special education services.	This pulls in from the selected Enrollment record when users click Refresh .

Field	Description	Validation
Part C Transition Delay Reason	 Options include: 1: Parent Refused Consent 2: Parent Chose to remain in Part C Other 	N/A
School Name	The name of the school where the student attends.	This pulls in from the selected Enrollment record when users click Refresh .
School Phone	The phone number of the school.	This pulls in from the selected Enrollment record when users click Refresh and cannot be modified.
School Year	The school year tied to the student's enrollment.	This pulls in from the selected Enrollment record when users click Refresh and cannot be modified.
Grade	The student's grade.	This pulls in from the selected Enrollment record when users click Refresh and cannot be modified. Database Location: enrollment.grade
District Information	ז	
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 Special Ed Team Members 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.

Team N		ESS			Editor 5 of 26
2.	Meeting Date ↑	Meeting Location		Print In Plan	
	07/17/24	School, Room 150			
			Team Meeting List Scre	een	

Click here to expand...

Team Meeting List Screen

Column Name	Description
Padlock Icon	Indicates the person 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 *	Meeting Time	Invite Date
	07/17/2024	4:00 PM (9)	07/10/2024
Meeting Location			
School, Room 150			
1st Notification *	Method of Notification	Specify Other	By Whom
07/12/2024	Reminder Notice	•	
2nd Notification	Method of Notification	Specify Other	By Whom
month/day/year		•	
3rd Notification	Method of Notification	Specify Other	By Whom
month/day/year		▼	
Comments			

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
Meeting Time	The time of the meeting.	N/A
Invite Date	The day of the meeting invitation.	N/A
Meeting Location	The location of the meeting.	This field is limited to 255 characters.
1st Notification <i>Required</i>	The day of the first meeting notification.	There are three notification fields.
Method of Notification	 The method of notifying participants. Options include: Invitation Phone Call In Person Reminder Notice Other 	There are three Method of Notification fields.



Field	Description	Validation
Specify Other *Required	The other method of notifying participants.	*This field is available and required when Other is selected as the Method of Notification. This field is limited to 150
		characters. There are three Specify Other fields.
By Whom	The person who sent the notification.	This field is limited to 150 characters. There are three By Whom fields.
Comments	Any comments related to the notification or meeting.	This field is limited to 8000 characters.

Attendance

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

Attendance 追					
FIRST NAME *	LAST NAME *	ROLE		METHOD OF PARTICIPATION *	
Dixie		Student	•	In Person	Remove
Steven		Parent/Guardian	•	In Person	Remove
Salome		Parent/Guardian	•	In Person 💌	Remove
Sarah		Special Education Teacher or Service Provider	•	In Person 🔹	Remove
Sharon		Special Education Teacher or Service Provider		Phone •	Remove
Add Refr	esh				
		Team Meeting Detail Screen - Attenda	ance	Section	

Field	Description	Validation
First Name Required	The person's first name.	This information is pulled in from the student's Special Ed Team Members tool, but participants can also be manually entered with the Add button.
Last Name Required	The person's last name.	This information is pulled in from the student's Special Ed Team Members tool, but participants can also be manually entered with the Add button.
Role	 The person's role. Options include: Parent/Guardian Student School District Representative Special Education Teacher or Service Provider Regular Education Classroom Teacher Individual to Interpret Instructional Implications of Evaluation Results Representative of an agency which may provide post secondary transition services Nonpublic school representative Educator of Hearing Impaired Educator of Visually Impaired Approved Service Agency representative Other 	N/A
Specify Other *Required	The other role of the person.	*This field is available and required when Other is selected as the person's Role.
Method of Participation Required	How the person participated in the meeting. Options include: • In Person • Phone • Excused • Written Input • Other	N/A

Field	Description	Validation
Specify Other *Required	The other manner in which the person participated.	*This field is available and required when Other is selected as the Method of Participation.

Meeting Excusal

The Meeting Excusal editor captures the name of the person(s) excused from the team meeting and whether or not their input was received.

This editor is often filled out and electronically signed by the student's parent/guardian. In order to send the plan for eSignature, this editor must be placed in the status **Complete Pending eSignature** OR **Not Needed**. See the Nebraska Special Ed Plan eSignature Process article for additional information.

Meeting Excusal NOT STARTED ESIGN		Editor 6 of 25
I do not agree to excuse the following individual(s) from the IEP Meeting I agree to excuse the following individual(s) from the IEP Meeting Individual(s) to Excuse:	Input from the required participant was provided	
Meeting	Excusal Editor	

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Special Considerations

The Special Considerations editor describes other considerations that may impact the student's progress, including behavioral issues, limited English proficiency, visual or hearing impairment, communication needs, or assistive technology.



Special Considerations: Federal and State Requirements (NOT STARTED)	Editor 7 of 2
ouring the IEP meeting the following factors must be considered by the IEP team. The IEP team must document that the factor ny decisions made relative to each. Factors may be addressed in other sections of the IEP if not documented on this page.	rs were considered and
s the student blind or visually impaired?	
Braille Instruction	
s the student deaf or hard of hearing?	
voes the student exhibit behaviors that impede his/her learning or that of others?	
▼	
oes the student have limited English proficiency?	
bes the student have communication needs?	
voes the student require Assistive Technology devices(s) and/or services?	
▼	

Field	Description	Validation
Is the student blind or visually impaired?	Indicates this student is blind or visually impaired. Options are Yes or No.	N/A
Braille Instruction *Required	 Indicates Braille instruct is appropriate for this student. Options include: Student will be provided instruction in Braille and the use of Braille IEP team determined Braille instruction is not appropriate 	*This field is available and required when Yes is selected from the "Is the student blind or visually impaired?" question.
Is the student deaf or hard of hearing?	Indicates the student is deaf or hard of hearing. Options are Yes or No.	N/A



Field	Description	Validation
Does the student exhibit behaviors that impede his/her learning or that of others?	Indicates this student exhibits behavior that may impede their learning or the learning of others. Options are Yes or No.	When No is selected, the Behavioral Plan editor is automatically placed in a Not Needed status.
Does the student have limited English proficiency?	Indicates the student has a limited English proficiency. Options are Yes or No.	N/A
Does the student have communication needs?	Indicates the student has communication needs. Options are Yes or No.	N/A
Does the student require Assistive Technology device(s) and/or services?	Indicates the student requires assistive technology and/or services. Options are Yes or No.	N/A

PLAAFP

The Present Level of Academic Achievement and Functional Performance (PLAAFP) editor describes the student's academic, developmental, and functional needs, including the student's current strengths, parental concerns, and assessment results as explanations.



								ect of the student's disability on the stude ludes the student's performance in acader		as
-			-					ommunication, behavior, personal manage this section should include how the stude		
cts t	he stud	dent's par	rticipation	in app	ropriate a	ctivities.	There should be a direct relation	ship between the present level of Academ		-
			ice and th	e other	compon	ents of th	e IEP.			
		the studen transition p		ider how	the streng	ths of the	tudent relate to the student's post-se	condary goals (007.07B1)		
в	i	A:	Ŧ	Ŧ	¶:	Ð	=	5	$\overline{\mathcal{A}}$:
			ent evaluat n explanati			sults, and	he academic, developmental, and fur	nctional needs of the child		
	o onour	12								
		A:			¶T:	Ð	Ħ		1000	

Click here to expand...

Field	Validation
The strengths of the student	This field is limited to 8000 characters.
A summary of the most recent evaluation/reevaluation results, and the academic, developmental, and functional needs of the child	This field is limited to 8000 characters.
Concerns of the parent/guardian for enhancing the education of the student	This field is limited to 8000 characters.
How the student's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities	This field is limited to 8000 characters.

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Educational Needs

The Student's Educational Needs editor documents the student's educational needs and any support provided to school personnel.



Student's Educational Needs (NOT STARTED)	Editor 8 of 26
Inless otherwise indicated in this IEP, the modifications, accommodations or supplementary aids, or support for school personnel hroughout the school day, in all classes for the duration of the IEP	will be implemented
Academic, developmental and functional needs of the child	
	li
Accommodations, program modifications, supplementary aids and services	
	h
Supports for school personnel	
Educational Needs Editor	

Click here to expand...

Field	Description	Validation
Academic, developmental and functional needs of the student	A description of the student's academic, developmental, and functional needs.	This field is limited to 8000 characters.
Accommodations, program modifications, supplementary aids and services	A description any accommodations, modifications, aids and/or services the student needs.	This field is limited to 8000 characters.
Supports for school personnel	A description of any personnel support needed.	This field is limited to 8000 characters.

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Subject Areas

The Subject Areas editor indicates which subject areas the student takes for the general education curriculum or alternate curriculum.

Subject Areas (IN PROGRESS)	Editor 9 of 26
ndicate the Alternate and General Ed Curriculum for each subject area below	
Reading 🕲 🗙	
Writing 😵 Math 😵 Science 😵 Social Studies 😵	

Subject Areas Editor

Field	Description	Validation
Alternate Curriculum	Indicates alternative curriculum is needed for the selected subject areas. Options include: • Reading • Writing • Math • Science • Social Studies	Multiple options can be selected. When a subject area is selected as an Alternate Curriculum, it cannot be selected for the General Ed Curriculum.
General Ed Curriculum	Indicates general education curriculum is needed for the selected subject areas. Options include: • Reading • Writing • Math • Science • Social Studies	Multiple options can be selected. When a subject area is selected as a General Ed Curriculum, it cannot be selected for an Alternate Curriculum.

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Behavioral Assessment and Intervention Plan

The Behavioral Assessment and Intervention Plan editor documents the action plan regarding the student's behavior needs, including an assessment plan, positive behavioral interventions, strategies, and supports to address the behavior.

This editor is required when **Yes** is selected as the answer for the "Does the student exhibit behaviors that impede his/her learning or that of others?" question on the Special Considerations editor. When available, this editor cannot be placed in a Not Needed status.

This editor is automatically placed in a Not Needed status when **No** is selected as the answer for the "Does the student exhibit behaviors that impede his/her learning or that of others?" question on the Special Considerations editor.



Behavioral Assessment and Intervention Plan (NOT STARTED)	Editor 10 of 26
If the student's behavior impedes his or her learning or that of others, the IEP team shall consider and develop, when appropriate, an ass to address the behavior, and positive behavioral interventions, strategies, and supports to address the behavior Assessment Plan Add Template	essment plan
	æ
Intervention Plan Add Template	

Behavioral Assessment and Intervention Plan Editor

Field	Description	Validation
Assessment Plan	A description of the assessment plan.	This field is limited to 8000 characters. The Template Bank associated with this field is called NE IEP/PSP Assessment Plan.
Intervention Plan	A description of the intervention plan.	This field is limited to 8000 characters. The Template Bank associated with this field is called NE IEP/PSP Intervention Plan.

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State and District-Wide Assessments

The State and District-Wide Assessments editor documents any state or district-administered exams the student will take and any accommodations and/or modifications needed.

	Accommodation/Alternate Assessment	
NeSA	Accommodation	

State and District-Wide Assessments List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
District-Wide Assessment	The name of the assessment.
Accommodation/Alternate Assessment	The specific accommodation or alternate assessment.

State and District-Wide Assessments Detail Screen

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

istrict-Wide Assessment *	C	Date		
NeSA	•	09/13/2024	t.	
Specify Other				
ssessment	or Alternate			
Vill the student have an Accommodation issessment Accommodation Accommodation *				
Assessment Accommodation				
Accommodation *	▼]			

State and District-Wide Assessments Detail Screen

Field	Description	Validation
District-Wide Assessment Required	The specific assessment.	The values available in this dropdown are district-defined in the Attribute Dictionary at Plan > District-Wide Assessment.
Date	The day the test is administered.	N/A
Specify Other *Required	The other assessment.	*This field is available and required when Other is selected as the District-Wide Assessment. This field is limited to 150 characters.



Field	Description	Validation
Will the student have an Accommodation or Alternate Assessment	Indicates the student requires an accommodation or alternate assessment for the above selected district-wide assessment. Options include: • Accommodation • Alternate Assessment	N/A
Accommodation *Required	The type of accommodation.	*This field is available and required when Accommodation is selected for the above question. The values available in this dropdown are district-defined in the Attribute Dictionary at Plan > Accommodation.
Alternate Assessment *Required	The type of alternate assessment.	*This field is available and required when Alternate Assessment is selected for the above question. The values available in this dropdown are district-defined in the Attribute Dictionary at Plan > Alternate Assessment.

Location of Services

The Location of Services editor documents where the student receives services when they are not receiving their special education and/or related services in their home or resident district.

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Cam	pus

Location of Services (IN PROGRESS)	Editor 12 of 26
If the student is NOT receiving his/her special education and related services in his/her home school or resident district, indicate below services are being provided	where the
District/Agency Name	
Reading Specialist Org	
Address	
12345 Example Street, City, NE 12345	
Phone	
123-456-7890	
Location of Services Editor	

Click here to expand...

Field	Description	Validation
District/Agency Name	The name of the district/agency.	This field is limited to 200 characters.
Address	The location of the district/agency.	This field is limited to 500 characters.
Phone	The phone number of the district/agency.	N/A

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Special Ed Services

The Special Ed Services editor documents special education services provided for the student.

Services are managed using the Special Ed Services Setup tool. Services with a **Type** of **Normal Service** pull in to this editor.

Special	Ed Services IN PROGRESS			Edito	r 13 of 26
2.	Service Provided	Time	Start Date	End Date	
	Special Ed Service 1	30 / 30	07/22/24	07/15/25	^
		Special Ed Service	ns List Screen		-



Special Ed Services List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Service Provided	The name of the service.
Time	The amount of time the service is administered. This displays as Direct Minutes Number / Indirect Minutes Number.
Start Date	The first day the student receives the service.
End Date	The last day the student receives the service.

Special Ed Services Detail Screen

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

Special Ed Services		
Sequence Number *	Service Position Speech Lang	ESY
Location * General Ed	T	
Duration and Frequency		
Start Date * 07/22/2024 Direct Minutes per session * 30 Indirect Minutes per session * 30	End Date * 07/15/2025 Number Session per * 1	Service Frequency * day •
	Special Ed Services Detail Screen	,
Field	Description	Validation

Field	Description	Validation
Sequence Number Required	The order of the record.	This field automatically sequences in the order in which the records are created. Duplicate numbers are not allowed.
Service <i>Required</i>	The name of the service.	The values available in this dropdown are district-defined using the Special Ed Services Setup tool. Services marked as Normal Service in the Type dropdown display in this dropdown.
Service Position	The person, agency, or role of the person administering the service.	The values available in this dropdown are district-defined using the Special Ed Service Positions Setup tool.
ESY	Indicates this service will take place in an extended school year program.	N/A
Location <i>Required</i>	The location where the student receives the service. Options include: • Special Ed • General Ed	N/A
Duration and Frequency	/	
Start Date <i>Required</i>	The first day of the service.	N/A
End Date Required	The last day of the service.	N/A
Direct Minutes per session Required	The number of direct minutes the student receives the service.	N/A
Number Session per Required	The number of times the student receives the service.	N/A



Field	Description	Validation
Service Frequency <i>Required</i>	The frequency of service. Options include: • year • quarter • month • day • week	N/A
Indirect Minutes per session Required	The number of indirect minutes the student receives the service.	N/A

Related Services

The Related Services editor documents related services provided for the student.

Services are managed using the Special Ed Services Setup tool. Services with a **Type** of **Related Service** are pulled into this editor.

20	Service Provided 1	Time	Start Date	End Date	
	Speech/Language Therapy	30/0	07/22/24	12/20/24	

Click here to expand...

Related Services List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Service Provided	The name of the service.
Time	The amount of time the service is administered. This displays as Direct Minutes Number / Indirect Minutes Number.

Start Date	The first day the student receives the service.
End Date	The last day the student receives the service.

Related Services Detail Screen

Related Services Sequence Number * * 1 Service * Service Position ESY • • Speech/Language Therapy Speech Lang Location * • General Ed **Duration and Frequency** Start Date * End Date * Ħ 07/22/2024 12/20/2024 Service Frequency * Direct Minutes per session * Number Session per * * • 30 1 month • Indirect Minutes per session * -0

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

Related Services Detail Screen

Field	Description	Validation
Sequence Number Required	The order of the record.	This field automatically sequences in the order in which the records are created. Duplicate numbers are not
		allowed.

Field	Description	Validation
Service <i>Required</i>	The name of the service.	The values available in this dropdown are district-defined using the Special Ed Services Setup tool. Services marked as Related Service in the Type dropdown display in this dropdown.
Service Position	The person, agency, or role of the person administering the service.	The values available in this dropdown are district-defined using the Special Ed Service Positions Setup tool.
ESY	Indicates this service will take place in an extended school year program.	N/A
Location <i>Required</i>	The location where the student receives the service. Options include: • Special Ed • General Ed	N/A
Duration and Frequency	1	
Start Date <i>Required</i>	The first day of the service.	N/A
End Date Required	The last day of the service.	N/A
Direct Minutes per session Required	The number of direct minutes the student receives the service.	N/A
Number Session per Required	The number of times the student receives the service.	N/A
Service Frequency <i>Required</i>	The frequency of service. Options include: • year • quarter • month • day • week	N/A

Field	Description	Validation
Indirect Minutes per session Required	The number of indirect minutes the student receives the service.	N/A

Student and Staff Support

The Student and Staff Support editor documents accommodations, program modifications, and/or supplementary aid or support for personnel.

•	Sequence	Type of Support	Support †	Start Date	End Date
	1	Accommodatio	Other	05/19/25	05/20/26

Click here to expand...

Student and Staff Supports List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Sequence	The order of the records.
Type of Support	The type of support provided to the student.
Support	The specific accommodation or program modification.
Start Date	The first day of the support.
End Date	The last day of the suppot.

Student and Staff Supports Detail Screen

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

	ations, Program Modifications and Supplementa	ary Aids for Students, and Supports for Personnel.	
1 A Constant of the second sec			
ype of Support *			
Accommodation	~		
Accommodation, Program Modification, Supp	lementary Aid or Support for Personnel *	Specify Other *	
Other	•	Example Other	
ocation *			
Special Ed	•		
Duration and Frequency			
start Date *	End Date *		
05/19/2025	05/20/2026		
escribe duration and Frequency *			
Once a week for 60 minutes			

Infinite C

Student and Staff Support Detail Screen

Field	Description	Validation
Sequence Number	The order of the supports records.	This field automatically sequences to the next integer and must be unique.
Type of Support <i>Required</i>	Options include: • Accommodation • Program Modification • Supplementary Aid • Supports for Personnel	N/A
Accommodation, Program Modifications and Supplementary Aid or Support for Personnel Required	 The mapping for this field is as follows: Accommodation: Accommodations Program Modification: Modifications Supplementary Aid: Supplementary Supports for Personnel: Support 	This field pulls in from the Special Ed Services Setup tool. The options available in this dropdown dynamically change based on the Type of Support selection.

Field	Description	Validation
Specify Other *Required	The other accommodation, program modification, or supplementary aid/support for personnel.	*This field is available and required when Other is selected above. This field is limited to 150 characters.
Location	Options include: • Special Ed • General Ed	N/A
Duration and Frequency		
Start Date <i>Required</i>	The first day of the support.	This field automatically populates from the Plan Start Date, but can be edited.
End Date Required	The last day of the support.	This field automatically populates from the Plan End Date, but can be edited.
Describe duration and frequency Required	A description of the duration and frequency of the support.	This field is limited to 8000 characters.

Secondary Transition

The Secondary Transition editor documents the student's post-high school goals and the transition services that will be provided to aid them in achieving them.

This editor is only available when the **Secondary Transition information is needed for this student** checkbox on the Plan Information editor is marked. When unmarked, this editor is automatically placed in a Not Needed status.

CON	uary	TIALISI	ion 💌	OTOTAK						Luit	or 16 o
umma 7.07A9		e results of	the studer	nt's perfo	ormance on	n formal o	informal age appropriate transition assessm	nents			
В	i	A:	Ē	Ŧ	୩፡	Ð	⊞		2	~	:
							ppropriate transition assessments rela	ated to education, training, e	mployme	ent, an	d whe
oropria	ate, ind		living sk	tills. (OC)7.07A9a) n		ppropriate transition assessments rela	ated to education, training, e		ent, an	d wher
oropria	ate, inc ducatio	dependent n OR Traini	living sk	tills. (OC raduation)7.07A9a) n)		ated to education, training, e			
oropria	ate, inc ducatio	dependent n OR Traini	living sk	tills. (OC raduation)7.07A9a) n)		ated to education, training, e			
oropria	ate, inc ducatio	dependent n OR Traini	living sk	tills. (OC raduation)7.07A9a) n)		ated to education, training, e			
oropria	ate, inc ducatio	dependent n OR Traini	living sk	tills. (OC raduation)7.07A9a) n)		ated to education, training, e			
oropria	ate, inc ducatio	dependent n OR Traini	living sk	tills. (OC raduation)7.07A9a) n)		ated to education, training, e			

Secondary Transition Editor

Click here to expand...

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Field	Description	Validation
A summary of the results of the student's performance on transition assessments	A description of the student's performance on transition assessments.	This field is limited to 8000 characters.
Goal for Education OR Training after Graduation	A description of the student's education or training goals after graduation.	This field is limited to 8000 characters.
Goal for Employment after Graduation	A description of the student's employment goal after graduation.	This field is limited to 8000 characters.
Goal for Independent Living after Graduation	A description of the student's independent living goal after graduation.	This field is limited to 8000 characters.
Transition Services		



Field	Description	Validation
Describe the transition services needed to assist the student in reaching the above goals	A description of the transition service and how it impact the above goals.	N/A
Did the student participate in the IEP meeting?	Indicates the student participated in the team meeting. Options are Yes or No.	N/A
If no, describe steps taken to ensure student's preferences/interests were considered *Required	A description of how the student's preferences/interests were considered.	*This field is available and required when No is selected for the "Did the student participate in the IEP meeting?" question. This field is limited to 8000 characters.
Will other agencies be involved in providing or paying for any transition services?	Indicates other agencies are involved in providing or paying for any transition services. Options are Yes or No.	N/A
If yes, describe the services *Required	A description of the services that are administered by other agencies.	*This field is available and required when Yes is selected for the "Will other agencies be involved in providing or paying for any transition services?" question. This field is limited to 8000 characters.
Was a representative of the other agencies, with parent consent, invited to the IEP meeting?	Indicates the other agency representative was invited to the team meeting. Options are Yes or No.	N/A

Field	Description	Validation
If no, why not? *Required	A description as to why the other agency representative was not present or invited to the team meeting.	*This field is available and required when No is selected for the "Was a representative of the other agencies, with parent consent, invited to the IEP meeting?" question. This field is limited to 8000 characters.
Describe the course(s) of study that focus on academic and functional achievement needed to assist the student in reaching the above goals	A description of the student's courses the student will take to assist them in reaching the above goals.	This field is limited to 8000 characters.

Extended School Year

The Extended School Year editor indicates the student requires services beyond the standard school time, such as beyond school hours or during breaks.

Extended School Year (IN PROGRESS)	Editor 18 of 26
Extended School Year (ESY) services have been considered The team determined the student does not need ESY services, however, if concerns arise, the team will revisit the need for ESY The team determined the student does need ESY services. The plan is as follows The team determined the student does need ESY services. The specific plan will be determined at a later date The team determined the student may need ESY services and will revisit the need for ESY services after more information has be	een collected
Initiation of Services	
month/day/year	
	h
How much	
	1.
Timeline for Completion	
Extended School Year Editor	



Field	Description	Validation
Extended School Year (ESY) services have been considered	 The ESY determination. Options include: The team determined the student does not need ESY services, however, if concerns arise, the team will revisit the need for ESY The team determined the student does need ESY services. The plan is as follows The team determined the student does need ESY services. The specific plan will be determined as a later date The term determined the student may need ESY services and will revisit the need for ESY services after more information has been collected 	Only one checkbox can be marked.
Initiation of Services	The first day the ESY services will start.	N/A
Type of Service <i>*Required</i>	A description of the service plan.	*This field is available and required when the "The team determined the student does need ESY services. The plan is as follows" option is marked. This field is limited to 8000 characters.
How much <i>*Required</i>	A description of the service frequency and duration.	*This field is available and required when the "The team determined the student does need ESY services. The plan is as follows" option is marked. This field is limited to 8000 characters.



Field	Description	Validation
Timeline for Completion <i>*Required</i>	A description of the timeline for completing the ESY plan.	*This field is available and required when the "The team determined the student does need ESY services. The plan is as follows" option is marked. This field is limited to 8000 characters.

Communication of Progress

The Communication of Progress editor documents the method and frequency of communication between the IEP team and the parent/guardian(s) regarding the student's progress.

Communication of Progress NOT STARTED	Editor 19 of 26
The student's parents will be regularly informed of the student's progress toward the annual goals and the extent to which that to enable the student to achieve goals by the end of the IEP year. Parents need to be informed of their child's progress at least a non-disabled students are informed of progress. This information will be reported using the IEP Progress Report form.	
Method of reporting to parents/guardian	
	6
Frequency of reporting to parents/guardian	
	li

Communication of Progress Editor

Field	Description	Validation
Method of reporting to parents/guardian	The manner of communication.	This field is limited to 8000 characters.
Frequency of reporting to parents/guardian	The frequency of communication.	This field is limited to 8000 characters.

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Transportation Plan

The Transportation Plan editor documents the student's transportation needs.



Transportation Plan (NOT STARTED)	Editor 20 of 2
If the student is determined eligible for special education transportation, check box and complete section	
The student is eligible for special education transportation because	
The nature of the student's disability is such that transportation is required	
The District has assigned the student to a building other than his/her home school in order to receive special education services	
This student attends a nonpublic school	
The student has a disability and is age birth to five years	
Method of Transport Add parent transport or district transport to the Related Services section	
•	
Plan for transportation	
	11
Special Conditions	
Select Special Conditions	
Transportation Plan Editor	

Click here to expand...

Field	Description	Validation
If the student is determined eligible for special education transportation, check box and complete section	Indicates a transportation plan is needed for this student.	The rest of the editor's fields are available when this checkbox is marked.
The student is eligible for special education transportation because *Required	 The reason the student is eligible for transportation services. Options include: The nature of the student's disability is such that transportation is required The District has assigned the student to a building other than his/her home school in order to receive special education services This student attends a nonpublic school The student has a disability and is age birth to five years 	*This field is available and required when the first checkbox is marked. Multiple checkboxes can be marked.

Field	Description	Validation
Method of Transport	The manner of transportation. Options include:Parent transportDistrict transport	N/A
Plan for transportation *Required	A description of the plan.	*This field is available and required when the first checkbox is marked.
Special Conditions	Any considerations or special conditions needed for the transportation plan.	The values available in this dropdown are district-defined using the Attribute Dictionary at Plan > Special Conditions.

Participation in Education Programs

The Participation in Education Programs editor documents the hours the student spends in the general education classroom with and without general education peers.

Participation in Education Programs (NOT STARTED)	Editor 21 of 26
General Education Hours/Week	
Special Education	
With General Education Peers Hours per week including related service hours Not With General Education Peers Hours per week including related service hours	
Extent and justification for the child not participating with General Education peers	æ
Participation in Education Programs Editor	

Click here to expand...

Field Description	Validation
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Field	Description	Validation
General Education Hours/Week	The number of hours the student is in a general education classroom per week.	N/A
Special Education	Indicates the age in which the student receives special education services. Options include: • Early Childhood • School Age	N/A
With General Education Peers	The number of hours the student spends with general education peers per week, including related service hours.	N/A
Not With General Education Peers	The number of hours the student does not spend with general education peers per week, including related service hours.	N/A
Extent and justification for the child not participating with General Education peers	A description of the extent and justification for the student not participating with their general education peers.	This field is limited to 8000 characters.

Participation in Physical Ed

The Participation in Physical Ed editor documents the student's participation in a physical education setting.

Participation in Physical Ed IN PROGRESS	Editor 22 of
he student will participate in	
Regular physical education	•
xplain why the student will not have physical education activities	

Field	Description	Validation
The student will participate in	 How the student participates in physical education. Options include: Regular physical education Regular physical education with accommodations as addressed in this IEP Adapted physical education (includes special PE, adapted PE, movement education and motor development) No physical activities 	N/A
Explain why the student will not have physical education activities *Required	A description why the student will not have physical education activities.	*This field is available and required when No physical activities is selected in the above dropdown. This field is limited to 8000 characters.

Participation in Physical Ed Editor

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Annual Goals

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The Annual Goals editor lists the student's goals for the duration of the plan.

		Editor 23 of 26
Sequence 1	Annual Goal	
1	Example reading goal	A
	Sequence †1	

• Click here to expand...

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Annual Goals List Screen

Column Name	Description
Padlock Icon	Indicates the user currently editing the record.
Sequence	The order of the records.
Annual Goal	The student's goal.

Annual Goals Detail Screen

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

Annual Goals		
Sequence Number *		
Annual Goal Area		
Reading		
Specify Other		
Annual Goal * Add Template		
Example reading goal For students with Post-secondary Transition Plans, please ind support select all that apply	licate which goal domain(s) this annual goal will	
Post-Secondary Education/Training	×	
Progress toward the goal will be measured by select all that apply		
Reading records 🙁	×	
Specify Other		
	Annual Goals Detail Screen	

Field	Description	Validation
Sequence Number Required	The order of the records.	This field automatically sequences in the order in which the records are created. Duplicate numbers are not allowed.
Annual Goal Area	The subject area or other area the goal addresses.	The values available in this dropdown are district- defined using the Attribute Dictionary at Plan > Annual Goal Area.
Specify Other *Required	The other subject area or other area the goal addresses.	*This field is available and required when Other is selected as the Annual Goal Area. This field is limited to 150 characters.
Annual Goal <i>Required</i>	The name of the annual goal.	The Template Bank associated with this field is named NE IEP/PSP/IFSP Plan Goal Objective.
For students with Post- secondary Transition Plans, please indicate which goal domain(s) this annual goal will support	The area the goal addresses for Post-Secondary Transition Plans students. Options include: • Post-Secondary Education/Training • Employment • Independent Living	Multiple options can be selected.



Field	Description	Validation
Progress toward the goal will be measured by	The manner of measuring the student's progress towards the annual goal. Options include: • Work Samples • Curriculum-based tests • Portfolios • Checklists • Scoring guides • Observation chart • Reading records • Other	Multiple options can be selected.
Specify Other *Required	The other manner of measuring the student's progress towards the annual goal.	*This field is available and required when Other is selected from the "Progress toward the goal will be measured by" field. This field is is limited to 150 characters.
Objectives		
Sequence	The order of the records.	This field automatically sequences in the order in which the records are created. Duplicate numbers are not allowed.
Short-term objectives/benchmarks: Measurable, immediate steps or targeted sub- skills to enable student to reach annual goals <i>Required</i>	The short-term objective or benchmark the student works towards that will aid them in achieving their annual goal.	N/A

Prior Written Notice

The Prior Written Notice editor documents the proposed or refused actions the IEP team considers and the notice dates provided to the parent/guardian(s).

1			
ritten Notice 🔳	IPROGRESS		Editor 25 of 26
Date ↓	Description of the action proposed or denied by the distri	Print In Plan	
07/08/24	Example.	OFF	*
	ritten Notice 💷 Date ↓	ritten Notice IN PROGRESS Date ↓ Description of the action proposed or denied by the distri	ritten Notice IN PROGRESS Date Date Print In Plan

• Click here to expand...

Prior Written Notice List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Date	The day of the prior written notice.
Description of the action proposed or denied by the district	Displays the first 100 characters of the description.
Print In Plan	Indicates this record prints.

Prior Written Notice Detail Screen

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

Print in Plan		
ate *		
07/08/2024		
escription of the action proposed or ref	sed by the school district	
Example.		
planation of why the district proposes	r refuses to take this action	li
planation of why the district proposes	r refuses to take this action	
planation of why the district proposes	r refuses to take this action	
xplanation of why the district proposes	r refuses to take this action	
planation of why the district proposes	r refuses to take this action	li li
	r refuses to take this action dered and the reasons why those options were rejected	li l

Field	Description	Validation
Print in Plan	Indicates this record prints.	This defaults to unmarked.
Date <i>Required</i>	The day of the prior written notice.	N/A
Description of the action proposed or refused by the school district	A description of the proposed or refused action.	This field is limited to 8000 characters.
Explanation of why the district proposes or refuses to take this action	An explanation of why the school is proposing or refusing to take action.	This field is limited to 8000 characters.
Description of options the IEP team considered and the reasons why those options were rejected	A description of the choices considered and rejected by the IEP team.	This field is limited to 8000 characters.
Description of each evaluation procedure, assessment, records or report the district used as a bases for the proposal or refusal	A description of the evidence used to decide to propose or refuse action.	This field is limited to 8000 characters.
Description of any other factors that are relevant to the district's proposal	Any other reasons why the school proposed or refused action.	This field is limited to 8000 characters.

Acknowledgements

The Acknowledgements editor documents the official sign-off of the proposed document plan for the student.

This editor is often filled out and electronically signed by the student's parent/guardian. In order to send the plan for eSignature, this editor must be placed in the status **Complete Pending eSignature**. See the Nebraska Special Ed Plan eSignature Process article for additional information.

The follow	ving documents were provided to the p	parent/quardian
	Parental Rights in Special Education (009.06	
0	Date	By Whom
	month/day/year	
	ndividualized Education Program (IEP) (007	.09D)
0	Date	By Whom
	month/day/year	
	Other	
2007-000	Specify Other	
	Date	By Whom
	month/day/year	
The school	district has taken the necessary action to e	nsure that I understand the proceedings of this IEP conference (including arrangement for an interpreter, if
appropriate	e). (007.06E)	
	*	J
If no parent	t signature, reason why parent signature cou	Id not be obtained:
If no parent	t signature, reason why parent signature cou	Ild not be obtained:

Acknowledgements Editor

• Click here to expand...

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Field	Description	Validation
Parental Rights in Special Education	Indicates this document was provided to the student's parent/guardian.	A Date and By Whom field becomes available and required when this checkbox is marked.
Individualized Education Program (IEP)	Indicates this document was provided to the student's parent/guardian.	A Date and By Whom field becomes available and required when this checkbox is marked.
Other	Indicates another document was provided to the student's parent/guardian.	A Date and By Whom field becomes available and required when this checkbox is marked. This field also has a Specify Other text field that is limited to 150 characters.



Field	Description	Validation
The school district has taken the necessary action to ensure that I understand the proceedings of this IEP conference (including arrangement for an interpreter, if appropriate)	Indicates the parent/guardians fully understand the IEP meeting. Options are Yes or No.	N/A
If no parent signature, reason why parent signature could not be obtained	A description as to why the parent/guardian signature could not be obtained.	This field is limited to 1000 characters.
The IEP has been made accessible to each regular education teacher, special education teacher, related service provider, and other service provider who is responsible for its implementation	Indicates the IEP is made available to all staff responsible for its implementation.	N/A
Each teacher and provider who is responsible for implementation of the IEP has been informed of his or her specific responsibilities related to implementing the IEP, and the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP	Indicates those staff have been notified of their specific responsibilities for implementing the student's IEP.	N/A

Medicaid

The Medicaid Consent editor documents the parent/guardian's consent for the district to disclose the student's information regarding seeking Medicaid funding. Users can either mark the consent or refusal checkboxes, but not both.

This editor is often filled out and electronically signed by the student's parent/guardian. In



order to send the plan for eSignature, this editor must be placed in the status **Complete Pending eSignature** OR **Not Needed**. See the Nebraska Special Ed Plan eSignature Process article for additional information.

Medicaid (NOT STARTED) (ESIGN)	Editor 25 of 25
For students who receive a variety of services that may include, occupational therapy, physical therapy, speech language therapy, nursin health, personal care, audiological services, complete below:	g, mental
State law requires public schools to access Federal funding for IEP directed therapies provided to children eligible for Medicaid. Federal parental consent for districts to access this Medicaid funding. The district will not require parents or their children to enroll in the Nebras program and claims will only be submitted when the child/student is eligible. Regardless, all required special education services must s by the school district at no cost to the child or family. This consent is voluntary and may be withdrawn at any time (Nebraska R.R.S § 43 CFR § 300.9 & CFR § 300.154)	ska Medicaid till be provided
This CONSENT/REFUSAL is made on behalf of the student/child named herein and applies only for the therapies identified and actually the effective period of this IEP.	provided during
I give consent to the public school district named herein to access Medicaid funding on behalf of my child (named above) and understand that I may withdra any time upon written notice to the public school district.	w this consent at
I REFUSE to give consent to the public school district named herein to access Medicaid funding on behalf of my child (named above) and understand that maffect the district's obligation to provide my child a Free Appropriate Public Education (FAPE) at no cost.	y refusal will not

Medicaid Editor

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