Individual Education Plan (South Dakota)

Last Modified on 03/04/2025 10:43 am CST

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 Plan and Evaluation Information article.

> The current format of this document is the **SD IEP 2024.1 Format**. Plan formats are selected in Special Ed Plan Types tool.
>
> - South Dakota IEP 2024.1
> - South Dakota IEP 2024.1 with Transition (Currently Documented)

Editor Home

Editors

The following table lists the editors available in the South Dakota IEP plan types:

Editor	South Dakota IEP UI & Print	South Dakota IEP with Transition UI & Print
Plan Information	X	X

Editor	South Dakota IEP UI & Print	South Dakota IEP with Transition UI & Print
Student Demographics	X	X
Parent/Guardian Information	X	X
Enrollment Status	X	X
Team Meeting	X	X
Present Levels of Performance	X	X
Consideration of Special Factors	X	X
Measurable Postsecondary Goals		X
Transition Course of Study		X
Transition Services/Coordinated Set of Activities		X
Educational Goals and Objectives	X	X
Progress Reporting	X	X
Accommodations and Modifications	X	X
Special Education Services	X	X
Related Services	X	X
Least Restrictive Environment	X	X
Extended School Year	X	X
Medicaid Consent	X	X
Prior Written Notice	X	X
Acknowledgments	X	X

Plan Information

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

This editor must saved before entering data into other editors.

Plan Information Editor

▸ Click here to expand...

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 selected as the Meeting Type. This field is limited to 100 characters.
Effective Date *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 the Annual Review Date.
Annual Review Date *Required*	The annual review date.	This serves as the end date for services, where applicable.

Field	Description	Validation
3-Year Eval Date	The day of the three-year evaluation date.	This date automatically populates from the most recent, locked Evaluation. This day calculates to the Evaluation Date plus 3 years and a day.
Eligibility Determination Date	The day the eligibility determination was made.	This date automatically populates from the most recent, 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 IN PROGRESS			Editor 2 of 20

When a Plan is generated, a snapshot of the student's information is taken from Census. Click Refresh to retrieve current student information.

Last Name	First Name	Middle Name	Suffix
	Tristen	Allen	

Age	Birthdate	Gender	Race, Ethnicity (state)
18		M	White, not Hispanic

Home Primary Language
AAR: Afar

Address	State ID
SD 57501	

Case Manager Information

Name	Title
Billie Sue	

Phone

Student Information Editor

▶ Click here to expand...

Field Name	Description	Database and UI Location (when Refreshed is clicked)

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
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 Manager Information		

Field Name	Description	Database and UI Location (when Refreshed is clicked)
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 Information Editor

▶ Click here to expand...

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.

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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 Editor

▸ 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 • 550: Speech/Language • 555: Other Health Impaired • 560: Autism Spectrum Disorder • 565: Traumatic Brain Injury • 570: Developmental Delay	N/A

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 • 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.
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 • 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.
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 • 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.

Field	Description	Validation
Multiple Disability 1	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.
ASD Severity Behaviors Level	The Autism Spectrum Disorder severity level of behavior issues.	This pulls in from the selected Enrollment record when users click **Refresh** and is read-only.
ASD Severity Communication Level	The Autism Spectrum Disorder severity level of communication issues.	This pulls in from the selected Enrollment record when users click **Refresh** and is read-only.
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

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... • 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 other location • 0375: Service Provider Location	N/A
Resident District	The name of the district where the student lives.	This pulls in from the selected Enrollment record when users click **Refresh**. This field is read-only.
School of Attendance	The name of the school where the student attends.	This pulls in from the selected Enrollment record when users click **Refresh**. This field is read-only.

| Field	Description	Validation
Grade	The student's grade.	This pulls in from the selected Enrollment record when users click **Refresh**. This field is read-only.
District Information		
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.
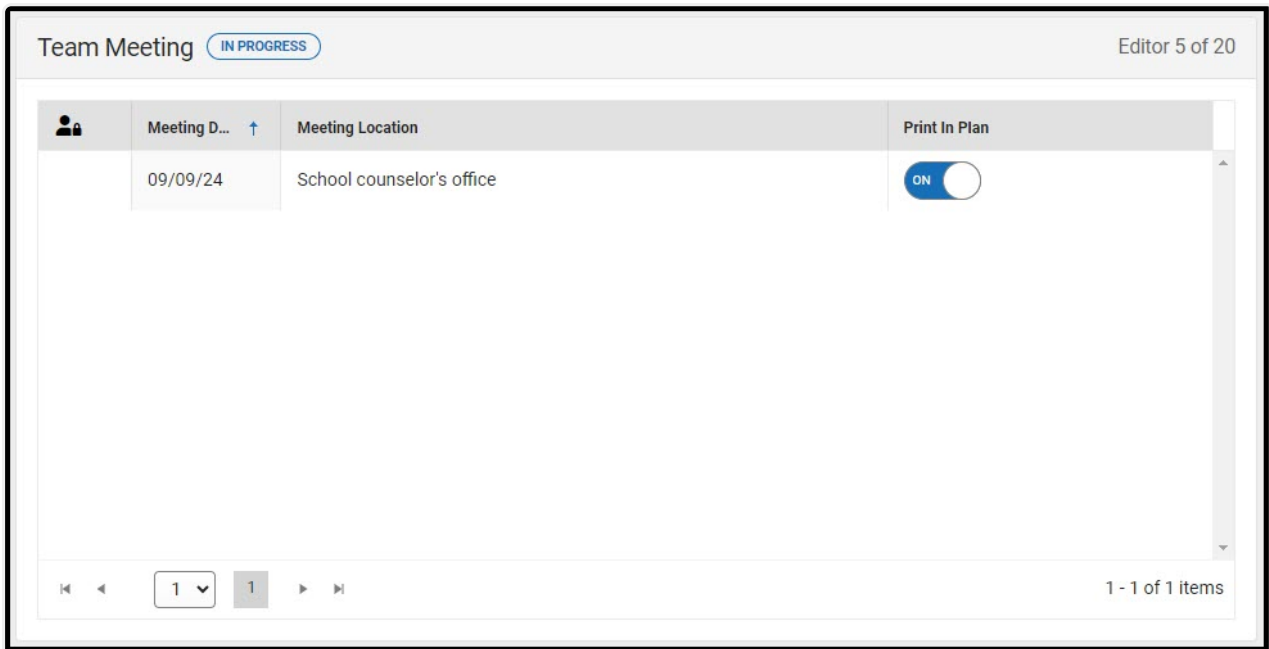
Team Meeting List Screen

▸ Click here to expand...

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.

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 *Required*	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)

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 education 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 affects the student's involvement and progress in the general education curriculum (i.e., the same curriculum has for nondisabled students; or 2) for preschool 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

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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 Editor

▶ Click here to expand...

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 ~~Regular or~~ 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.

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

Required on or before the student's 16th birthday. Complete for current school year through the planned exit year.

Grade ↑	Courses
No records available.	

|◀ ◀ ▶ ▶| 0 - 0 of 0 items

New

Transfer of Parent/Guardian Rights (Must be addressed on or before the 17th birthday)

Student will turn 17 on
11/29/2031

Student was informed of transfer of rights on
month/day/year 📅

Graduation or Completion of an Approved Program (Must be addressed at least one year prior to graduation date.)

Student is to graduate/complete program
month/day/year 📅

Individualized district specific requirements and remaining courses needed to complete an approved secondary education program

Comments

Transition Course of Study Editor

▶ Click here to expand...

| Field	Description	Validation
Course of Study The following columns display in the Course of Study table: • *Grade* • *Courses* Click the **New** button to add a record to the table. The editor must be saved first before adding records to the table. The **Course of Study** side panel displays:		
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.
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.

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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.
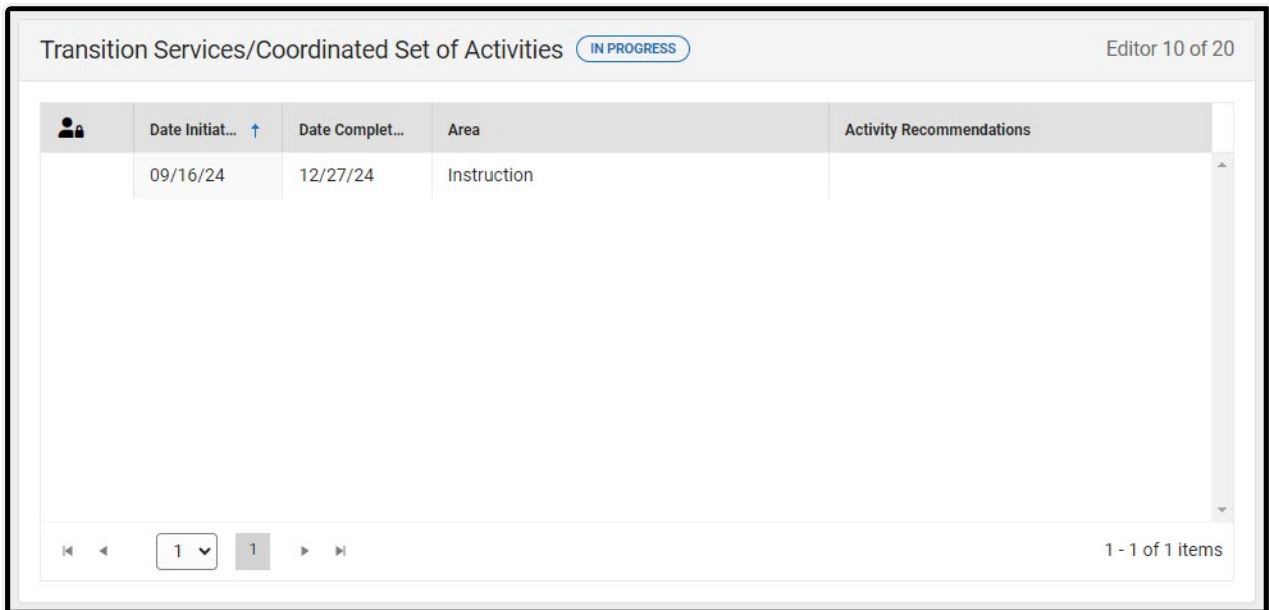
Transition Services/Coordinated Set of Activities List Screen

▶ 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 Detail Screen

Field	Description	Validation
Area *Required*	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.
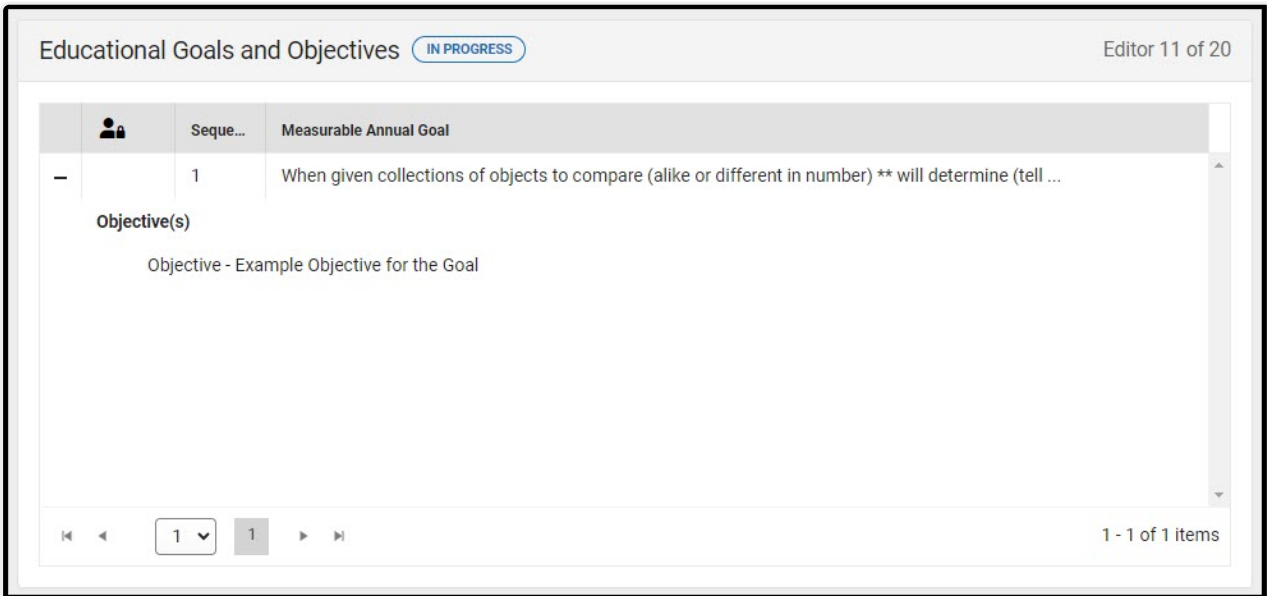
Educational Goals and Objectives List Screen

▶ 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/Benchmarks

Provide a statement of measurable annual goals, including academic and functional goals designed to 1) meet the student's needs that result from the disability, 2) enable the student to be involved in and make progress in the general education curriculum, and 3) meet each of the student's other educational needs that result from the disability

Goal *
1

ESY
☐

Goal Name *
Example goal

Measurable Annual Goal *
The student will...

Post-Secondary Goal Type
Education/Training ▼

PROCEDURE CODE	DATE	PROGRESS CODES	COMMENTS

Objectives

Objective: example objective   +

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 *Required*	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.	The ~~Template Bank~~ associated with this field is named SD IEP: Annual Goals. This field is limited to 8000 characters.

Field	Description	Validation
Post-Secondary Goal Type	The area targeted with this goal. Options include: • Employment • Education/Training • Independent Living	

When a Progress Report exists for this goal, the following fields are pulled into the printed document only. At this time, these fields do not display on the editor UI:
- *Procedure Code*
- *Date*
- *Progress Codes*
- *Comments*

Objectives

Field	Description	Validation
Sequence Number *Required*	The sequence number of the objective.	N/A
Objective/Benchmark *Required*	The name of the objective/benchmark.	The Template Bank associated with this field is named SD IEP: Objectives/Benchmarks. This field is limited to 8000 characters.

The following Progress Report columns display:
- *Procedure Code*
- *Date*
- *Progress Codes*
- *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 Editor

▸ Click here to expand...

Field	Description	Validation
Reporting Frequency to Parents *Required*	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.

Accommodations and Modifications

The Accommodations and Modifications editor lists all accommodations required for the student.

Accommodations and Modifications List Screen

▶ Click here to expand...

Accommodations and Modifications List Screen

Field	Description
Padlock Icon	The user currently editing the record.
Sequence	The sequence number of the record.
Accommodation/Modification/Supplementary Aids and Services	The type of accommodation/modification/supplementary aids and services.
Location	The location of the accommodation/modification.
Frequency/Duration	The frequency/duration of the accommodation/modification.

Accommodations and Modifications Detail Screen

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

Accommodations and Modifications Detail Screen

Field	Description	Validation
Sequence *Required*	The order of the record.	N/A
Supports for School Personnel	Indicates this accommodation/modification requires supports for the school personnel administering the accommodation.	N/A
Accommodations, Modifications and Supplementary Aids and Services	The type of accommodation/modification.	This field is limited to 200 characters.
Service Provider	The person or agency administering the accommodation/modification.	The values in this dropdown are district-defined using the Special Ed Service Provider Setup tool.

Field	Description	Validation
Service Position	The role of the person or agency administering the accommodation/modification.	The values in this dropdown are district-defined using the Special Ed Service Position Setup tool.
Location	The location of the accommodation/modification.	This field is limited to 150 characters.
Comments	Any additional comments related to the accommodation/modification.	This field is limited to 8000 characters.
Duration and Frequency		
Frequency	A description of the duration, frequency, and location of the accommodation or modification.	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 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
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.

Field	Description	Validation
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 Accommodations		

Field	Description	Validation

South Dakota ELA Assessment	Click the expand link to view available accommodation options.
	▸ Click here to expand...
	  • None
	  • Zoom (1.5-20X)
	  • English Glossary
	  • Color Contrast - Black on White (UT)
	  • Masking
	  • Mouse Pointer
	  • Streamlined Mode
	  • Amplification
	  • Bilingual Dictionary (word to word)
	  • Color Contrast
	  • Color Overlay
	  • Magnification
	  • Medical Support
	  • Noise Buffers
	  • Printed test directions in English
	  • Read Aloud Items
	  • Separate Setting
	  • Simplified Test Directions
	  • Translated Test Directions (ELA & Math also ASL)
	  • Closed Captioning
	  • Permissive Mode
	  • Print on Demand
	  • American Sign Language
	  • Braille Transcript
	  • Presentation/Language - English
	  • Alternate Response
	  • Braille - Paper (UEB Contracted)
	  • Braille - Paper (UEB Uncontracted)
	  • Large Print
	  • Read Aloud Passages
	  • Scribe
	  • Speech-to-Text
	  • Text-to-Speech (ELA items; ELA-PT-all)
	  • Text-to-Speech (ELA-passages)
	  • Word Completion
	  • Alternate Grading (not for SBAC)
	  • Modified Tests and Quizzes (not SBAC)
	  • Text-to-Speech in Spanish (not including reading passages)
	  • Word Completion
		Multiple options can be selected.

Field	Description	Validation
South Dakota Math Assessment	Click the expand link to view available accommodation options. ▶ Click here to expand... • None • Zoom (1.5-20X) • English Glossary • Color Contrast - Black on White (UT) • Illustration Glossary • Masking • Mouse Pointer • Streamlined Mode • Text-to-Speech • Amplification • Color Contrast • Color Overlay • Glossary - Arabic • Glossary - Burmese • Glossary - Cantonese • Glossary - Filipino/Tagalog • Glossary - Hmong • Glossary - Illustration • Glossary - Korean • Glossary - Mandarin • Glossary - Punjabi • Glossary - Russian • Glossary - Somali • Glossary - Spanish • Glossary - Ukrainian • Glossary - Vietnamese • Magnification • Medical Support • Noise Buffers • Printed test directions in English • Read Aloud Items • Read Aloud Items - Spanish • Read Aloud Stimuli • Read Aloud Stimuli - Spanish • Separate Setting • Simplified Test Directions • Translated Test Directions (ELA & Math also ASL) • Closed Captioning • Permissive Mode • American Sign Language • Braille Transcript • Presentation/Language - Spanish • Presentation/Language - Braille	Multiple options can be selected.

Field	Description	Validation
	- Print on Demand 100s Number Table - Abacus - Alternate Response Options - Braille - Paper (UEB Contracted) - Braille - Paper (UEB Uncontracted) - Calculator - Large Print - Multiplication Table - Scribe - Speech-to-Text - Word Completion - Read Aloud in Spanish (For math for EL student first year in country) - Translations (Dual Language) (For math items)	

Field	Description	Validation
South Dakota Science Assessment	Click the expand link to view available accommodation options. ▶ Click here to expand... • None • Zoom (1.5-20X) • Braille (UEB Contracted with Nemeth • Color Contrast - Black on White (UT) • Masking • Mouse Pointer • Streamlined Mode • Amplification • Color Contrast • Color Overlay • Magnification • Medical Support • Noise Buffers • Periodic Table • Read Aloud Items • Read Aloud Stimuli • Separate Setting • Simplified Test Directions • Presentation/Language - Spanish • Presentation/Language - Braille • Print on Demand • Permissive Mode • Alternate Response • Braille - Paper (UEB Uncontracted with Nemeth Math) • Calculator • Large Print • Scribe	Multiple options can be selected.
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.

Field	Description	Validation
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 Name* • *Describe Accommodations* The editor must be saved to add records to this table. Select an existing record or click **Add Assessment** to open the side panel. The following fields display:		
Test	The name of the test.	This field is limited to 200 characters.
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.

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Special Education Services List Screen

▸ 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.
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.

Special Education Services Detail Screen

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

Special Education Services Detail Screen

Field	Description	Validation
Sequence *Required*	The order of the record.	N/A
Service *Required*	The type of service.	The values in this dropdown are district-defined using the Special Ed Services Setup tool.
Specify Other *Required*	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 Special Ed Service Provider Setup tool.
Service Position	The role of the person or agency administering the service.	The values in this dropdown are district-defined using the Special Ed Service Position Setup 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.
Based On *Required*	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 Frequency		
Start Date *Required*	The first day of the service.	The Start Date auto-populates with the plan Start Date from the Plan Information editor.
End Date *Required*	The last day of the service.	The End Date auto-populates with the plan End Date from the Plan Information 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 *Required*	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.

Related Services List Screen

▶ Click here to expand...

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 Detail Screen

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

Related Services

Sequence Number
1

Service *
Other

Specify Other *
Other Service

Addresses Goal(s)
Example goal

Service Provider

Service Position

Location

ESY Service
☐

Based On
Regression/Recoupment, Emerging Skills, or Maintenance of Critical Life Skills

Comments

Duration and Frequency

Start Date *

End Date *

Related Services Detail Screen

Field	Description	Validation
Sequence *Required*	The order of the record.	N/A
Service *Required*	The type of service.	The values in this dropdown are district-defined using the Special Ed Services Setup tool.
Specify Other **Required*	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 Special Ed Service Provider Setup tool.
Service Position	The role of the person or agency administering the service.	The values in this dropdown are district-defined using the Special Ed Service Position Setup 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 *Required*	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 Frequency		
Start Date *Required*	The first day of the service.	The Start Date auto-populates with the plan Start Date from the Plan Information editor.
End Date *Required*	The last day of the service.	The End Date auto-populates with the plan End Date from the Plan Information 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 *Required*	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.

Least Restrictive Environment Editor

▶ Click here to expand...

Field	Description	Validation
Continuum of Alternative Placements Ages 5-21		

Field	Description	Validation
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 Alternative Placements Preschool Ages 3-5		
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 • 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.

Field	Description	Validation
Specify Other *Required*	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.
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.

Field	Description	Validation
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 extended school year services are needed for the student to complete their education.

Extended School Year Editor

▶ Click here to expand...

Field	Description	Validation

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 *Required*	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.	N/A
ESY Ending Date	The last day of the ESY services.	N/A
Determination for ESY	Options include: • Regression/Recoupment • Emerging Skills • Maintenance 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 South Dakota Plan eSignature Editors article for additional information.

Medicaid Consent (NOT STARTED) (ESIGN)

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 education rules

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 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.
Date consent was received by the district *Required*	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 South Dakota Plan eSignature Editors article for additional information.

Prior Written Notice Editor

▶ Click here to expand...

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 *Required*	The student's previous 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 "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 • 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.
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 • 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 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 "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 Reg EC program • 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 "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 • 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 Proposed or Refused		
a. Explanation of why the district proposed or refused to take the action *Required*	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 *Required*	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 *Required*	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 *Required*	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
If 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 South Dakota Plan eSignature Editors article for additional information.

▶ 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.

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