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This editor must saved before entering data into other editors.

Plan Information Editor

1

Click here to expand...

Field	Description
Start Date <i>Required</i>	The first day of the plan.
End Date Required	The last day of the plan.
IFSP Mail Date	The day the IFSP was mailed.
Referral to Early Intervention <i>Required</i>	The day the student was referred for early intervention.
Consent for Evaluation Required	The day the team received consent to evaluate the student.
Date of MDT Required	The day the Multi-Disciplinary Team met.
Family's language of choice	The language the family primarily speaks.
	This field is limited to 150 characters.
Family would like an interpreter?	Indicates the family would like an interpreter. Options are Yes or No.
Transition Conference Date	The day the transition conference took place.
Estimated Transition Date	The day the student transitions to the age of majority.



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 19
When a Plan is generated, a sn	apshot 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 683	10	Home Phone	
Student Number			
Student Primary Language 1290: English	Medicaid Number		
Case Manager Information			
Name Sarah Phone		Title Teacher (SPEDSTAFF)	
	Stu	Ident Information Editor	

Click here to expand...

Field Name	Description	Database and UI Location (when Refreshed is clicked)
Last Name	The student's last name.	Demographics > Last Name identity.lastName
First Name	The student's first name.	Demographics > First Name identity.firstName
Middle Name	The student's middle name.	Demographics > Middle Name identity.middleName



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 Primary Language	The language the student primarily speaks.	Demographics > Home Primary Language identity.homePrimaryLanguage
Medicaid Number	The student Medicaid number.	N/A
Case Manage	r 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 Int	formation (IN PROGRESS)	Edit	or 3 of 19
		nformation is taken from Census. Individuals with the Guardian checkbox marke to retrieve current Guardian information.	d on the
Parent/Guardian			
Print Sequence 3 1 Name Steven Lee - Father Address	r 68310	R	emove
Home Phone	Work Phone	Cell Phone	
Home Primary Language			
Parent/Guardian			
Print Sequence 3		R	emove
Name Sharon Verleen - M	Nother		
Address NE	68310		
	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.

Field	Description
Cell Phone	The parent/guardian's cell phone.
Email	The parent/guardian's email.
Home Primary Language	The language the parent/guardian speaks at home.

Enrollment Information

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

Users must click Refresh	to place the editor in a Complete	status.
Enrollment Information	RESS	Editor 4 of 19
Click Refresh to select or change Enrollme plan is locked.	nt data. Information entered into this editor will modify	y the student's current Enrollment record when the
Primary Disability *	Secondary Disability	Tertiary Disability
13: Autism	•	•
Hearing Disability	Vision 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 High School	School Phone	
School Year 24-25	Grade 10	
District Information		
District Number	District Name PUBLIC SCHOOLS	
District Address NE 68310		District Phone
District SPED Address NE 12345		District SPED Phone
	Enrollment Information Edit	or

Click here to expand...



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 at EC Prog 19: Reg EC Prog, <10 h/wk; Services at EC Prog 19: Reg EC Prog, <10 h/wk; Services outside EC Prog 12: 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	n	
District Number	The district number associated with the Enrolled school.	District Information > State District Number
District Name	The district name associated with the Enrolled school.	District Information > Name
District Address	The district address associated with the Enrolled school.	District Information > Address
District Phone	The district phone number associated with the Enrolled school.	District Information > Phone
District SPED Address	The district special education address associated with the Enrolled school.	District Information > SPED Address
District SPED Phone	The district special ed phone number associated with the Enrolled school.	District Information > SPED Phone



IFSP Meeting Dates

The IFSP Meeting Dates editor documents instances of team meetings to discuss the IFSP.

-	Meeting Type	Meeting Date 🔱	Date Sent	
	Initial	07/15/24	07/08/24	

Click here to expand...

IFSP Meeting Dates List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Meeting Type	The type of meeting.
Meeting Date	The day of the meeting.
Date Sent	The day the meeting invitation was sent.

IFSP Meeting Dates Detail Screen

IFSP Meeting Dates				
Meeting Type *	Meeting Date * 07/15/2024		Date Sent * 07/08/2024	
	IFSP Meeting Da	ates Detail Scree	7	
Field		Description		
Meeting Type <i>Required</i>		 The type of meeting. Options include: Initial Interim Annual Periodic 		
Meeting Date Required		The day of th	ne meeting.	

Inf	inite Campus	
	Field	Description
	Sent Date Required	The day the meeting invitation was sent.

Family Concerns and Priorities

The Family Concerns and Desired Priorities editor documents any concerns the family wants to address and the order of priority for addressing those concerns.

-	Date \downarrow	Family Concern and Priority	
	07/22/24	Example concern	

Click here to expand...

Family Concerns and Desired Priorities List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Date	The day of the record.
Family Concern and Priority	Displays the first 100 characters of the record.

Family Concerns and Desired Priorities Detail Screen

Family's Concerns and	Desired Priorities
Date *	
07/22/2024	
amily's Concern and Desired Prior	hu≭
Example concern	
Example concern	
	<i>/</i> ///////////////////////////////
	Family Concerns and Desired Priorities Detail Screen

Field	Description	Validation
Date <i>Required</i>	The day of the record.	N/A
Family's Concern and Desired Priority Required	A description of the family's concern and its priority.	This field is limited to 8000 characters.

Child/Family Strengths

The Child and Family's Strength editor documents the student and family's strengths.

amily Strength	S (IN PROGRESS)	Editor 7 of 19
ate \downarrow	Child and Family Strength	
17/22/24	Example strengths	*

• Click here to expand...

Child and Family's Strength List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Date	The day of the record.
Child and Family Strengths	Displays the first 100 characters of the record.

Child and Family's Strength Detail Screen

ກກັບົບຣ		
Child and Family Stren	ths	
Date * 07/22/2024		
Example strengths		
L		/

Child and Family Strengths Detail Screen

Field	Description	Validation
Date <i>Required</i>	The day of the record.	N/A
Child and Family's Strengths Required	A description of the family's strengths.	This field is limited to 8000 characters.

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Present Levels of Development

The Present Levels of Development editor documents the student's current abilities.

Presen	t Levels of Deve			Editor 8 of 19
2.	Date	Area of Evaluation	Current Abilities	
	07/22/24	Cognitive/Thinking Skills	NE IFSP Current Abilities example	
		Present Levels of L	Development List Screen	

• Click here to expand...

Present Levels of Development List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Date	The day of the record.
Area of Evaluation	The area evaluated.
Current Abilities	Displays the first 100 characters of the record.



Present Levels of Development Detail Screen

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

Date *		Years	Months	
07/22/2024		1	1	▲ ▼
Area of Evaluation				
Cognitive/Thinking	Skills	v		
Cognitive/Thinking	Skills			
		•		
Current Abilities * Add	1 Template	•		
	1 Template	•		
Current Abilities * Add	1 Template	•		
Current Abilities * Add	1 Template	•		

Present Levels of Development Detail Screen

Field	Description	Validation
Date <i>Required</i>	The day of the record.	N/A
Years	The age of the student.	N/A
Months	The age of the student.	N/A
Area of Evaluation	 The area evaluated. Options include: Vision Hearing Health Status Cognitive/Thinking Skills Social/Behavior Skills Self-Help/Adaptive Skills Fine Motor Skills Gross Motor Skills 	N/A
Current Abilities Required	A description of the student's current abilities.	The Template Bank associated with this field is named NE IFSP Current Abilities. This field is limited to 8000 characters.

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Outcomes

The Outcomes editor documents the student's goals and how the outcome is measured.

2.	Area †2	Outcome	
	Cognitive/Thinking Skills	Example outcome	

Click here to expand...

Outcomes List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Area	The area evaluated.
Outcomes	The outcome of the goal. Displays the first 100 characters of the record.

Outcomes Detail Screen

Cognitive/Thinking Skills	•		
tcome Add Template			
Example outcome			
ild/Family strengths and resources re	lated to this outcome		
Resources			
		 	/i
hat will be done/by whom			
Actions			
ACTIONS			
4010115			
			//
ogress will be reviewed: How Often			

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Outcomes Detail Screen

Field	Description	Validation
Area <i>Required</i>	The area evaluated.	The values available in this dropdown are pulled records created on the Present Levels of Development Areas of Evaluation.
Outcome	The outcome of the goal.	The Template Bank associated with this field is named NE IFSP Outcome. This field is limited to 8000 characters.
Child/Family strengths and resources related to this outcome	A description of the student's and family's strengths related to this outcome.	This field is limited to 8000 characters.
What will be done/by whom	A description on what will be done.	This field is limited to 8000 characters.



Field	Description	Validation			
Progress will be reviewed: How Often	A description of the frequency in which progress will be reviewed.	This field is limited to 8000 characters.			
Progress will be reviewed: By Whom	A description of who will review the outcome.	This field is limited to 8000 characters.			
Progress will be reviewed: How Measured	A description of how the outcome is measured.	This field is limited to 8000 characters.			
Outcome Review					
Date Required	The day of the outcome review.	N/A			
Next Steps/Comments	A description of any next steps or comments related to the outcome review.	This field is limited to 8000 characters.			
How much progress	A description of how much progress the student/family has made.	This field is limited to 8000 characters.			

Transition Plan

The Transition Plan editor documents any transition plans needed by the student.

20	What needs to be done	Who is responsible	Time Line	Date Completed 👃
	Transition example	Example	Timeline	11/29/24

• Click here to expand...

Transition Plan List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
What needs to be done	A description of the transition plan. Displays the first 100 characters of the record.

Column Name	Description
Who is responsible	The responsible person or agency. Displays the first 100 characters of the record.
Time Line	The timeline for completing the plan. Displays the first 100 characters of the record.
Date Completed	The day the plan was completed.

Transition Plan Detail Screen

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

hat needs to be done? * Add Template		
Transition example		
ho is responsible?		//
Example		
me Line		
Timeline		
ate Completed		
11/29/2024		

Transition Plan Detail Screen

Field	Description	Validation
What needs to be done? <i>Required</i>	A description of the transition plan.	The Template Bank associated with this field is named NE IFSP Transition Plan Activity. This field is limited to 8000 characters.
Who is responsible?	The responsible person or agency.	This field is limited to 8000 characters.
Time Line	The timeline for completing the plan.	This field is limited to 8000 characters.



Field	Description	Validation
Date Completed	The day the plan was completed.	N/A

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.

2.	Service †	Start Date	End Date	
	Special Ed Service 1	07/01/24	07/02/25	

Special Ed Services List Screen

Click here to expand...

Special Ed Services List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Service	The name of the service.
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

Special Ed Services		
Service *		
Special Ed Service 1	*	
Location *	Specify Other Location	
Community	•	
Group/Individual *	Specify Other	
Individual	▼	
Environment *	Specify Other Environment	
Natural Environment	v	
Method *	Specify Other Method	
Face-to-face	▼	
Who Pays *	Specify Other Payor	
OPS	•	
Duration and Frequency		
Start Date *	End Date *	
07/01/2024	07/02/2025	
Minutes per session *	Number Session per *	
30	4	
Frequency *	Specify Other	

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Special Ed Services Detail Screen

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 Normal Service in the Type dropdown display in this dropdown.
Location <i>Required</i>	The location where the student receives the service. Options include: • Home • Community • Home and Community • Other	N/A



Field	Description	Validation
Specify Other Location *Required	The other location.	*This field is available and required when Other is selected as the Location. This field is limited to 150 characters.
Group/Individual <i>Required</i>	The group/individual. Options include: • Group • Individual • Others	N/A
Specify Other *Required	The other group/individual.	*This field is available and required when Other is selected as the Group/Individual. This field is limited to 150 characters.
Environment <i>Required</i>	 The type of environment. Options include: Natural Environment Not a Natural Environment Other 	N/A
Specify Other Environment *Required	The other type of environment.	*This field is available and required when Other is selected as the Environment. This field is limited to 150 characters.
Method Required	The method. Options include:Face-to-faceFace-to-face or PhoneOther	N/A
Specify Other Method *Required	The other method.	*This field is available and required when Other is selected as the Method. This field is limited to 150 characters.

Field	Description	Validation
Who Pays Required	The paying group. Options include: • OPS • EDN • Other	N/A
Specify Other Payor *Required	The other paying group.	*This field is available and required when Other is selected as the Payer. This field is limited to 150 characters.
Duration and Frequency		
Start Date Required	The first day of the service.	This automatically populates with the Plan Start Date.
End Date Required	The last day of the service.	This automatically populates with the Plan End Date.
Minutes per session Required	The number of minutes the student receives the service.	N/A
Number Session per Required	The number of times the student receives the service.	N/A
Frequency <i>Required</i>	The frequency of service. Options include: • month • 6 months • Other	N/A
Specify Other <i>*Required</i>	The other frequency.	*This field is available and required when Other is selected as the Frequency. This field is limited to 150 characters.

Accommodations

The Accommodations editor lists any accommodations the student requires for their education based on their disability(ies).

Accom	modations (IN PROGRESS)			Edito	r 12 of
		Time	Start Date	End Date	
20	Service Provided †	Time	otart butc	Lind Dutt	

• Click here to expand...

Accommodations List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Service Provided	The name of the service.
Time	The service frequency.
Start Date	The first day of service.
End Date	The last day of service.

Accommodations Detail Screen

Sequence Number *			
Service *	Service Position		
Accomodation1	▼ Speech Lang	•	
Location *			
Special Ed	•		
Start Date * 07/22/2024	End Date * 12/20/2024 Image: Compare the second secon		
Direct Minutes per session *	Number Session per *	Service Frequency *	,
30	1	week	•
Indirect Minutes per session *			
30			

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.
Location <i>Required</i>	The location where the student receives the service. Options include: • Special Ed • General Ed	N/A
Duration and Frequency	y	
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

Transportation/Natural Environment

The Transportation/Natural Environment editor indicates whether the student needs special conditions for safe transportation and how eligibility was determined.

Transportation/Natural Environment (NOT STARTED)	Editor 13 of 19
Are there special conditions for safe transportation for this child?	
Include a justification of the extent, if any, to which a service will not be provided in a natural environment.	
	13

Transportation/Natural Environment Editor

Field	Description	Validation
Are there special conditions for safe transportation for this child?	A description of any special conditions the student requires for safe transportation.	This field is limited to 8000 characters.
Include a justification of the extent, if any, to which a service will not be provided in a natural environment	A description of the justification of the service.	This field is limited to 8000 characters.

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Other Services/Supports

The Other Services/Supports editor documents any other supports or services to be provided for the student.

nite Campus				
Other S	Services/Supports (IN PROGRESS)		Editor	14 of 19
2.	Service Description	Start Date 🔱	End Date	
	Example services	07/22/24	07/02/25	*
	NE IFSP Other	Services/Supports List Screen		

• Click here to expand...

Other Services/Supports List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Service Description	The service.
Start Date	The first day of service.
End Date	The last day of service.

Other Services/Supports Detail Screen

Service Description *		
Example services		
Person Responsible		/i)
Example person		
unding Source		
Example funding source		/2)
Duration and Frequency	End Date *	



Field	Description	Validation		
Service Description Required	The service.	This field is limited to 8000 characters.		
Person Responsible	The person responsible.	This field is limited to 8000 characters.		
Funding Source	The funding source.	This field is limited to 8000 characters.		
Duration and Free	Duration and Frequency			
Start Date <i>Required</i>	The first day of service.	This automatically populates with the Plan Start Date.		
End Date Required	The last day of service.	This automatically populates with the Plan End Date.		

Home and Community-Based Services/Supports

The Home and Community-Based Services/Supports editor documents home and communitybased services for the student.

Thomas and	Community-Based Serv	vices/Supports (IN PROGRES	s	Editor 15 of 19
2 0 s	Start Date 👃	End Date	Service	
C	07/22/24	12/20/24	Example service	*

Home and Community-Based Services/Supports List Screen

• Click here to expand...

Home and Community-Based Services/Supports List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Start Date	The first day of service.
End Date	The last day of service.
Service	The service. Displays the first 100 characters of the record.



Home and Community-Based Services/Supports Detail Screen

Home and Communit	y-Based Services/Supports	
Start Date * 07/22/2024	End Date *	
Service *		
Example service		6
To Help with Outcome		
Example outcome		
How much?		_
Example amount		6
Funding Source		
Example funding source		

Home and Community-Based Services/Supports Detail Screen

Field	Description	Validation
Start Date Required	The first day of service.	N/A
End Date Required	The last day of service.	N/A
Service <i>Required</i>	The service.	This field is limited to 8000 characters.
To Help with Outcome	The person or agency responsible.	This field is limited to 8000 characters.
How much?	The frequency of service.	This field is limited to 8000 characters.
Funding Source	The funding source.	This field is limited to 8000 characters.



Child/Family Team

The Child/Family Team editor documents the student's team members.

Child/F	amily Team 🔳	PROGRESS		Editor 16 of 19
2.	Meeting D †	Meeting Type	Print In Plan	
	07/01/24	Initial		^

• Click here to expand...

Child/Familly Team List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the record.
Meeting Date	The day of the meeting.
Meeting Type	The type of the meeting.
Print In Plan	Indicates this record prints.

Child/Family Team Detail Screen



t in Plan		Meeting Date * 07/01/2024	Meeting Type *		•	
nments						
ample comme	nts					
Attendance 🗊						
IRST NAME *	LAST NAME *	ROLE	INVITED	ATTENDED	CONTACT	
Dixie		(STUDENT)				Remove
Steven		Father (GUARDIAN)				Remove
Salome		Speech Pathologist (SPEDST	AFF)			Remove
Sarah		Teacher (SPEDSTAFF)				Remove
Sharon		Mother (GUARDIAN)				Remove

Child/Family Team Detail Screen

Field	Description	Validation
Print in Plan	Indicates this record prints.	This defaults to marked.
Meeting Date Required	The day of the meeting.	This automatically populates with the Plan Start Date.
Meeting Type	The type of the meeting.	N/A
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.

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.
------------------------	--------------------------	--

Field	Description	Validation
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.	This pulls in from the student's Special Ed Team Members tool, but can be modified.

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).

Prior Written Notice IN PROGRESS		Editor 17 of 19		
2.	Date \downarrow	Description of the action proposed or denied by the distr	Print In Plan	
	07/22/24	Example description	OFF	*
	Prior Written Notice List Screen			

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

Print in Plan	
Date *	
07/22/2024	
Description of the action	proposed or refused by the school district
Example descriptio	1
Explanation of why the o	listrict proposes or refuses to take this action
6	
Description of options t	ne IFS team considered and the reasons why those options were rejected

Prior Written Notice Detail Screen

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.



Field	Description	Validation
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.

Consent to Continue Services

The Consent to Continue Services editor documents the consent to continue services 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** OR **Not Needed**. See the Nebraska Special Ed Plan eSignature Process article for additional information.

Consent to Continue Services IN PROGRESS	Editor 18 of 19
I/we have received a copy of the Annual Transition Notice.	
 I/We have been informed about the differences between, and the right to choose, early intervention services provided through an IF- Individuals with Disabilities Education Act (IDEA) and the preschool special education services provided through an Individualized E (IEP) under IDEA once my/our child reaches age 3. 	
 I/We understand that if I/we choose for my/our child to receive special education services through an IEP, my child and family will n intervention services nor will receive early intervention services coordination. 	o longer receive early
 I/We understand that if I/we choose for my/our child to continue to receive early intervention services through an IFSP, at any time I receive special education preschool services instead of early intervention services. 	/we may elect to
 I/We understand that my/our consent to the continuation of early intervention services is voluntary and that I/we may revoke conse understand that my/our consent to the continuation of early intervention services is voluntary and that I/we may revoke consent at 	
l/we consent to the continuation of early intervention services for my/our child and family through an IFSP after my/our child's third birthday.	
I/We request initiation of preschool special education services for my/our child and family at or after age 3.	

Consent to Continue Services Editor

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IFSP Signature Page



The IEP Signature Page 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** OR **Not Needed**. See the Nebraska Special Ed Plan eSignature Process article for additional information.

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• The early intervention services will be provided as described in the IFSP and must begin no later than 30 days from the date of my/our I/We understand that the IFSP will be reviewed at least every six (6) months.	written consent.
I/We understand that my/our consent is voluntary and that I/we may revoke consent at any time.	
• I/We have been informed of the determination(s) of the IFSP team in my/our native language or other mode of communication.	
• I/We understand I/we can accept or decline any service listed in the IFSP without jeopardizing receipt of other services we accept in the	ie plan.
• I/We understand that a copy of the IFSP, evaluation, child assessment and family assessment will be distributed within 7 calendar days	s.
Consent ✓ I/We understand the plan and parental rights and give permission to implement this IFSP, and give consent for all services in the IFS I/We do not agree with the proposed IFSP as written. However, I/we do consent to the following services/frequency: Services and Frequency	βP.
IFSP Signature Page Editor	

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