

Plan eSignature Editors (Nevada)

Last Modified on 12/14/2025 8:45 pm CST

Procedural Safeguards | IEP Implementation | Medicaid Consent | Ad Hoc Inquiries

Tool Search: Special Ed Documents

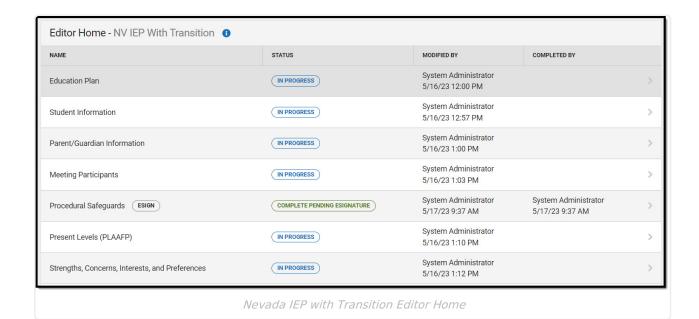
The Nevada Individual Education Plan can be sent to parents/guardians to electronically sign (eSign) on the Campus Parent Portal. This document provides step-by-step instructions on the eSignature process.

See the core <u>Special Ed eSignature Process</u> article for information on the overall process and setup for eSignature documents.

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

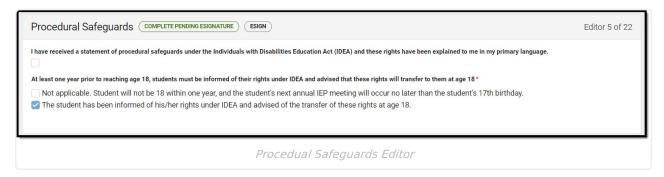
See the <u>Nevada Department of Education website</u> for additional Nevada Special Education process guidance.

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





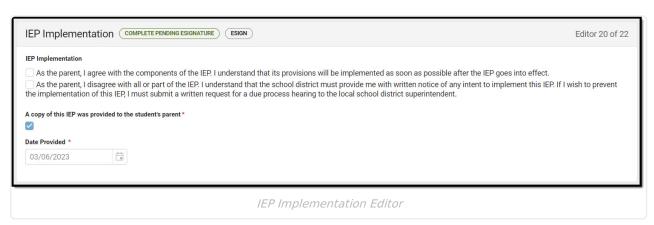
Procedural Safeguards



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



IEP Implementation

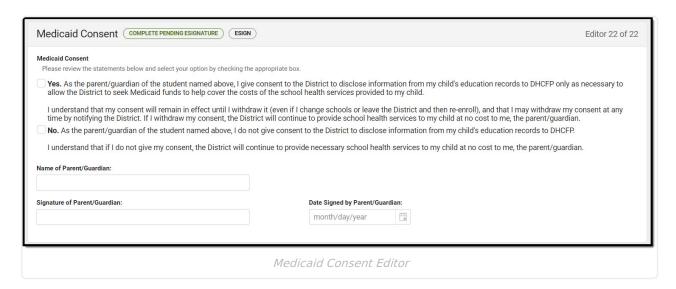


- 1. Navigate to the **IEP Implementation** editor.
- 2. Mark the A copy of this IEP was provided to the student's parent checkbox and enter a Date Provided.
- 3. Click Save & Stay.
- 4. Click the down arrow next to the **Complete** button in the action bar, then click **Complete Pending eSignature**. See the image for step 3 above. The editor is now in the correct status



to send to the parent/guardian for eSignature.

Medicaid Consent



- 1. Navigate to the **Medicaid Consent** editor. This editor can be placed in a Not Needed or Complete Pending eSignature status, depending on whether or not the student qualifies for Medicaid assistance.
- Click the down arrow next to the Complete button in the action bar, then click Complete
 Pending eSignature OR Not Needed. The editor is now in the correct status to send to the
 parent/guardian for eSignature.



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

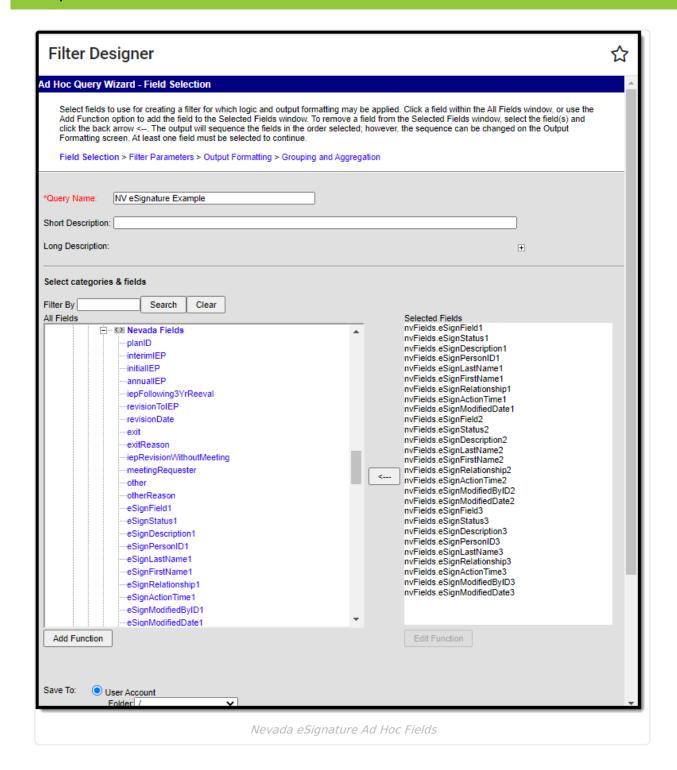
Ad Hoc Inquiries

Ad Hoc eSignature Field Descriptions | Ad Hoc eSignature Examples

Tool Search: Filter Designer

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





Ad Hoc eSignature Field Descriptions

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

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



Ad Hoc Field	Description and Plan Location (if applicable) Click to enlarge images
nvFields.eSignField1	The name of the first signature field. This could be any of the three signatures in the plan, whichever the guardians signs first. Options include: Procedural Safeguards
	Date: 08/15/2022 Student Name: Abegg, Justin James Local IDE: 110/1900001 State (IDE: 3470098765432 Grade: 08 DOB: 01/01/2009 Page 3 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) PROCEDURAL SAFEGUARDS 1 I have received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language. Parent Signature August 1 Augus
	Agreement
	Date: 08/15/2022 Student Name: Abogg, Justin James Local IDF: 11/19/2001 State IDF: 3470098785432 Grade: 08 DOB: 01/01/2009 Page 8 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
	IEP IMPLEMENTATION
	As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect. As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP. If I wish to
	As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP, If i wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent. Parent Signature Alegg
	Medicaid Agreement
	Please review the statements below and select your option by checking the appropriate box. Yes. As the parent guardian of the student named above, I give my consent to the District to disclose information from my child's education records to DHCFP only as necessary to allow the District to seek Medical family to help cover the costs of the school health services provided to my child. Indentand that my connect will be read in effect until twishdow's at and that my connect at may interest my consent at any time by notifying the District. If I withdraw my consent, the District will continue to provide school health services to my child at no cost to me, the parent guardian. No. As the parent guardian of the student named above, I do not give my consent to the District to disclose information from my child's education records to DHCFP. Understand that if I do not give my consent, the District will continue to provide necessary school health services to my child at no cost to me, the parent guardian. Name One of parent guardian
nvFields.eSignStatus1	 The status of the signature. Options include: Signed - guardian has signed and saved that signature Pending - guardian has saved the plan without signing that signature Overridden - something was changed in the plan after it was signed. This also indicates the plan has not been resent to the guardian. This signature is no longer valid.



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



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

Ad Hoc eSignature Examples

Click the image to enlarge





Previous Versions

<u>Individual Education Plan eSignature Process (Nevada) [.2319 and previous]</u>