Plan eSignature Editors (Nevada)

Last Modified on 06/29/2026 11:06 am CDT

Tool Search: Special Ed Documents

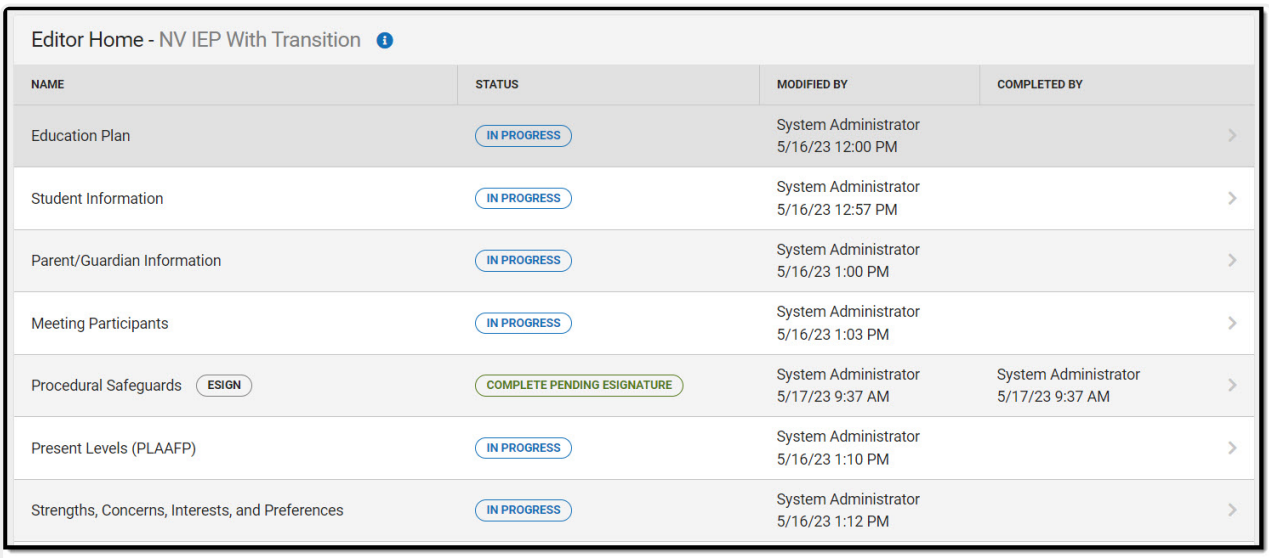
The Nevada Individual Education Plan can be sent to parents/guardians to electronically sign (eSign) on the Campus Parent Portal. This document provides step-by-step instructions on the eSignature process.

See the core Special Ed eSignature Process 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.

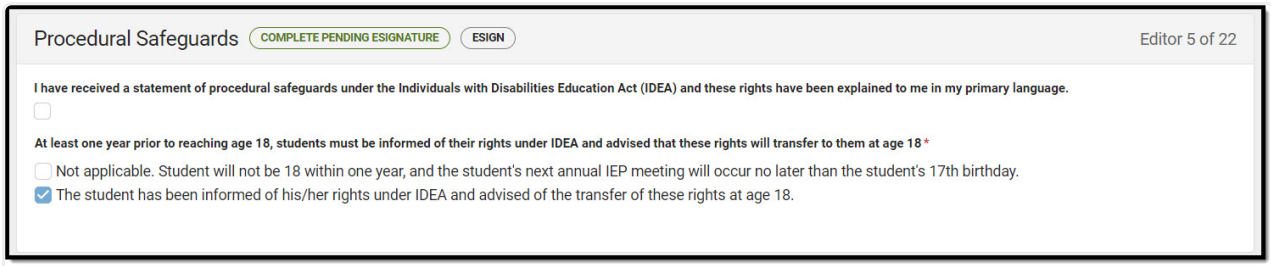
See the Nevada Department of Education website for additional Nevada Special Education process guidance.

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



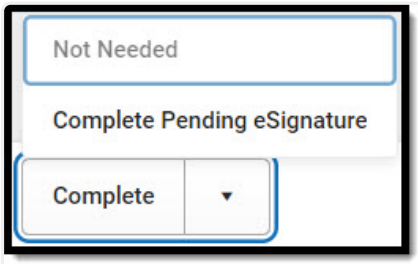
Nevada IEP with Transition Editor Home

Procedural Safeguards



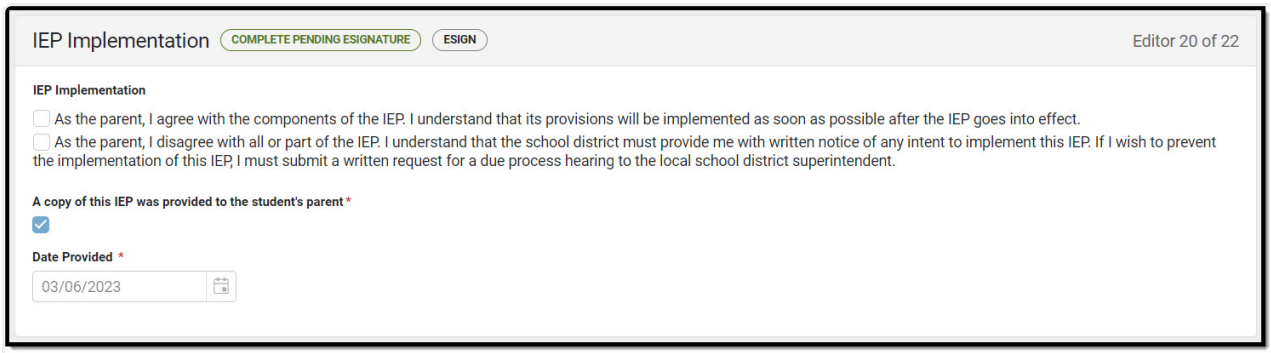
Procedual Safeguards Editor

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



Complete Pending eSignature Button

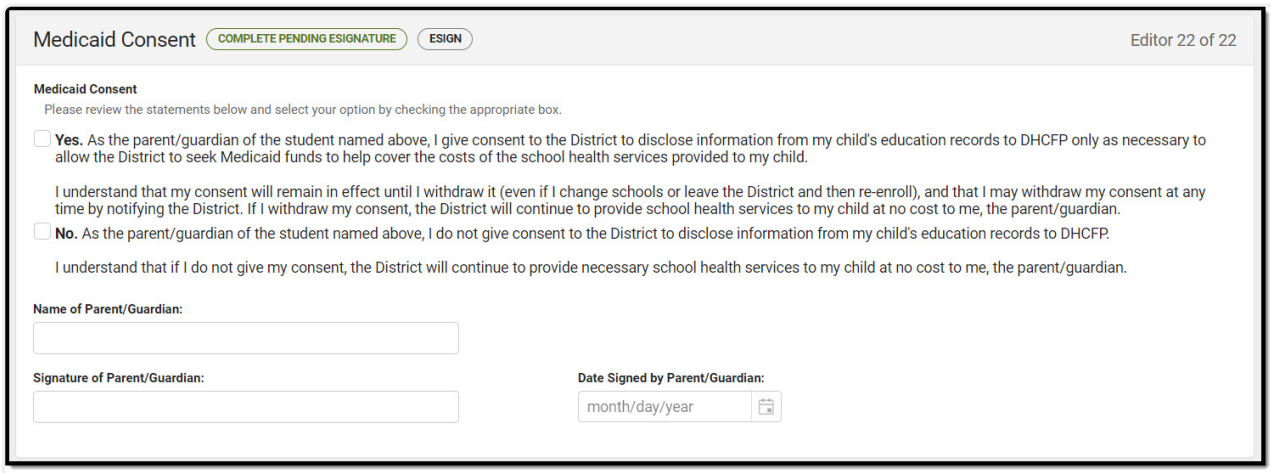
IEP Implementation



IEP Implementation Editor

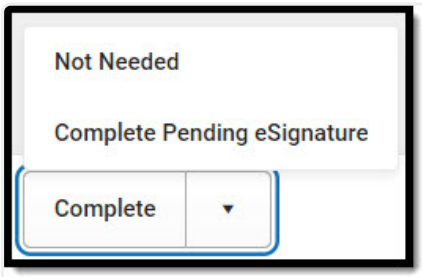
1. Navigate to the **IEP Implementation** editor.
2. Mark the **A copy of this IEP was provided to the student's parent** checkbox and enter a **Date Provided**.
3. Click **Save & Stay**.
4. Click the down arrow next to the **Complete** button in the action bar, then click **Complete Pending eSignature**.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



Medicaid Consent Editor

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.
2. 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.



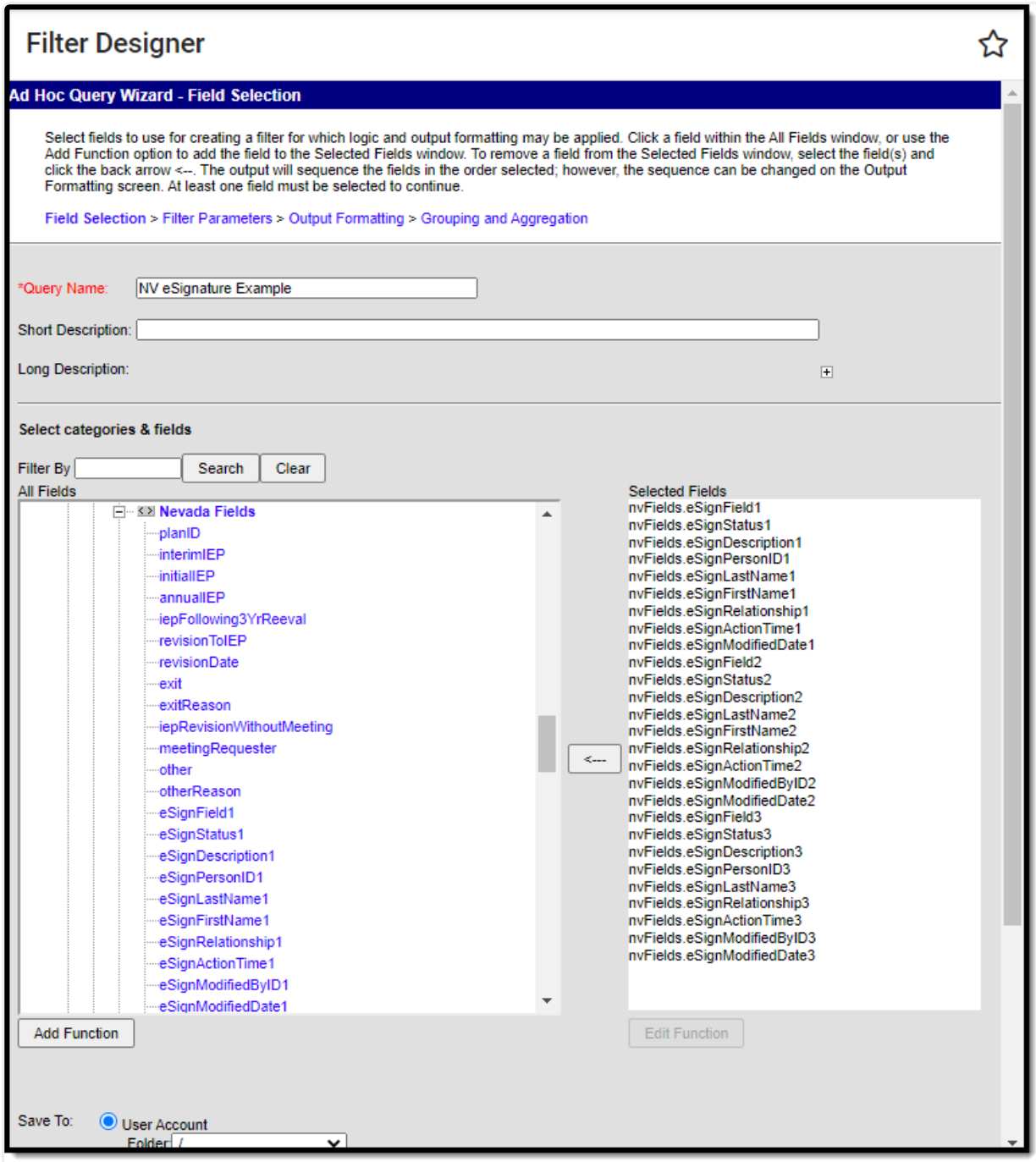
Not Needed or Complete Pending eSignature Button

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

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.

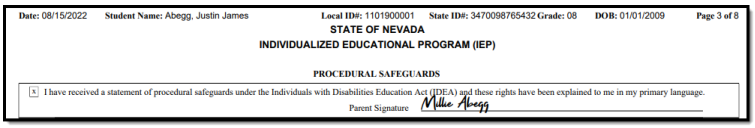
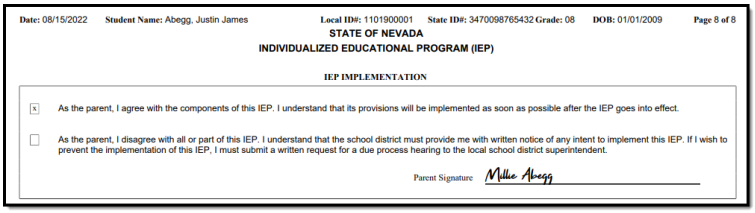
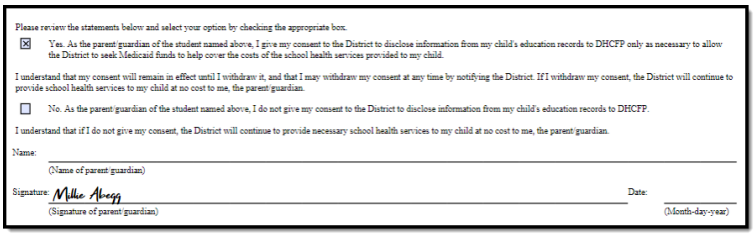


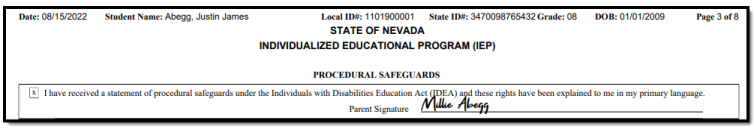
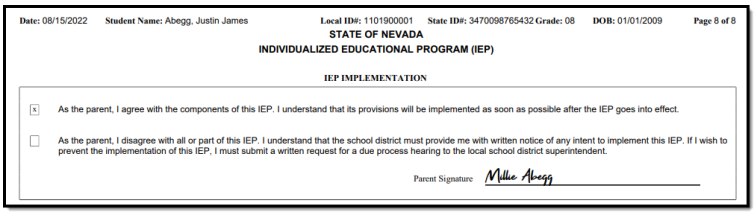
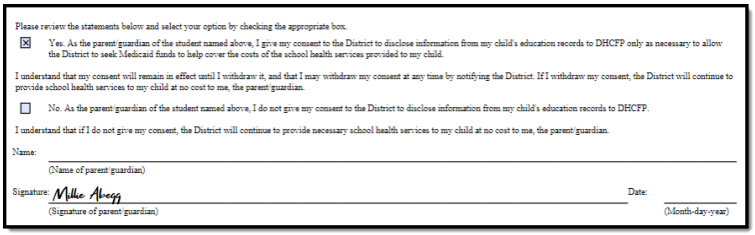
Nevada eSignature Ad Hoc Fields

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.

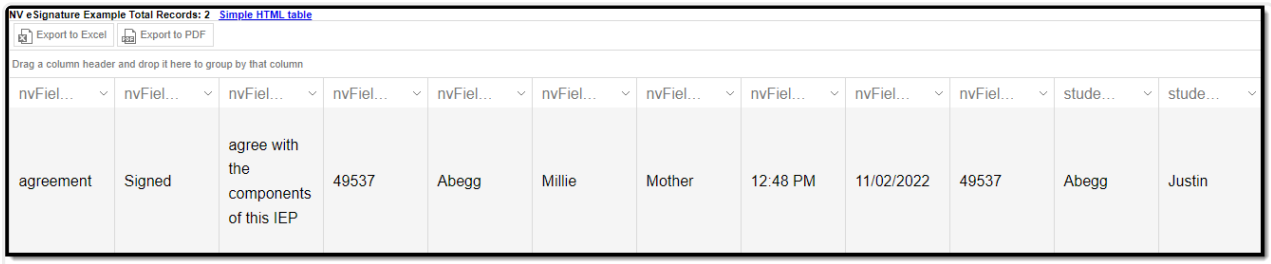
Ad Hoc Field	Description and Plan Location (if applicable) *Click to enlarge images*
nvFields.eSignField1	The name of the first signature field. This could be any of the three signatures in the plan, whichever the guardians signs first. Options include: **Procedural Safeguards**  Date: 08/15/2022 Student Name: Abegg, Justin James Local ID#: 1101900001 State ID#: 3470098765432 Grade: 08 DOB: 01/01/2009 Page 3 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) PROCEDURAL SAFEGUARDS [x] 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 Millie Abegg **Agreement**  Date: 08/15/2022 Student Name: Abegg, Justin James Local ID#: 1101900001 State ID#: 3470098765432 Grade: 08 DOB: 01/01/2009 Page 8 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) IEP IMPLEMENTATION [x] 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 Millie Abegg **Medicaid Agreement**  Please review the statements below and select your option by checking the appropriate box. [x] 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 Medicaid funds to help cover the costs of the school health services provided to my child. I understand that my consent will remain in effect until I withdraw it, 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 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. 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: Millie Abegg (Signature of parent/guardian) Date: (Month-day-year)
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: Abegg, Justin James Local ID#: 1101900001 State ID#: 3470098765432 Grade: 08 DOB: 01/01/2009 Page 3 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) PROCEDURAL SAFEGUARDS [x] 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 Millie Abegg **Agree with the components of this IEP** (Agreement Checkbox - As the parent, I agree...)  Date: 08/15/2022 Student Name: Abegg, Justin James Local ID#: 1101900001 State ID#: 3470098765432 Grade: 08 DOB: 01/01/2009 Page 8 of 8 STATE OF NEVADA INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) IEP IMPLEMENTATION [x] 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 Millie 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. [x] 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 Medicaid funds to help cover the costs of the school health services provided to my child. I understand that my consent will remain in effect until I withdraw it, 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 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. 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: Millie Abegg Date: _____ (Signature of parent/guardian) (Month-day-year) **No** (Medicaid Agreement Checkbox - No. As the parent/guardian...)
nvFields.eSignPersonID1	The person ID of the signing person.
nvFields.eSignLastName1	The last name of the signing person.
nvFields.eSignFirstName1	The first name of the signing person.
nvFields.eSignRelationship1	The relationship between the signing person and the student.
nvFields.eSignActionTime1	The time of the last action performed on the plan.
nvFields.eSignModifiedDate1	The date when the plan was last modified.

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



NV eSignature Example Total Records: 2 Simple HTML table

Export to Excel | Export to PDF

Drag a column header and drop it here to group by that column

nvFiel...	nvFiel...	nvFiel...	nvFiel...	nvFiel...	nvFiel...	nvFiel...	nvFiel...	nvFiel...	nvFiel...	stude...	stude...
agreement	Signed	agree with the components of this IEP	49537	Abegg	Millie	Mother	12:48 PM	11/02/2022	49537	Abegg	Justin

Ad Hoc eSignature Example



	A	B	C	D	E	F	G	H	I	J
1	nvFields_eSignField1	nvFields_eSignStatus1	nvFields_eSignDescription1	nvFields_eSignPersonID1	nvFields_eSignLastName1	nvFields_eSignFirstName1	nvFields_eSignRelationship1	nvFields_eSignActionTime1	nvFields_eSignModifiedDate1	nvFields_eSignModifiedByID1
2	agreement	Signed	agree with the components	49537	Abegg	Millie	Mother	12:48 PM	11/02/2022	49537

Ad Hoc eSignature Excel Example