

# Service Plan (Nevada) [.2223 - .2315]

Last Modified on 06/27/2023 2:40 pm CDT

You are viewing a previous version of this article. See Service Plan (Nevada) for the most current information.

Service Plan | Student Demographics | Parent/Guardian Information | Meeting Participants | Present Levels (PLAAFP) | Strengths, Concerns, Interests, and Preferences | Goals and Objectives | Methods for Reporting Progress | Specially Designed Instruction | Supplementary Aids and Services | Related Services | Service Plan Implementation | Enrollment Status | Medicaid Consent | Print Example

Classic View: Student Information > Special Ed > General > Documents

Search Terms: Special Ed Document

The Service Plan for Private and Homeschool Students is used to document a student's plan for services related to their private or homeschool education. Editors and fields are listed below.

See the Nevada Department of Education website (http://www.doe.nv.gov) for data standards and guidelines for entering data into the Service Plan.

The current for this document is **Service Plan 2022**. Print formats are selected in Plan Types.

| Plan Outline nvSP20                             |
|---|
| Service Plan                                    |
| Student Demographics                            |
| Parent/Guardian Information                     |
| Meeting Participants                            |
| Present Levels (PLAAFP)                         |
| Strengths, Concerns, Interests, and Preferences |
| Goals and Objectives                            |
| Method for Reporting Progress                   |
| Specially Designed Instruction                  |
| Supplementary Aids and Services                 |
| Related Services                                |
| Service Plan Implementation                     |
| Enrollment Status                               |
| Medicaid Consent                                |
|   |

Image 1: Service Plan editors



## **Service Plan**

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

| Service Plan *Meeting Type  Service Plan - Homeschool  Service Plan - Private School (If private school, mus           | st invite private school representative.)   |
|--|---|
| *Service Plan Meeting Date:<br>*Start Date:<br>*Service Plan Review Date:  | 01/06/2020<br>02/03/2020<br>02/02/2021<br>1 |
| Eligibility<br>*Eligibility Date:<br>*Anticipated 3-Yr Reevaluation:<br>Comments: Note: The Comments text box is limit | 02/10/2020<br>02/09/2023                    |
|  |   |
| Image 2: Service   | e Plan editor                               |

#### Click here to expand...

| Field Name                                  | Description  |
|---|--|
| Meeting<br>Type<br>Required                 | Indicates the purpose of the meeting. The purpose for the meeting should<br>correspond to the purpose set forth in the written notice of the plan<br>meeting. Options include:<br>• Service Plan - Homeschool<br>• Service Plan - Private School<br>Only one (1) meeting type can be selected. |
| Service Plan<br>Meeting<br>Date<br>Required | The date of the meeting.   |
| Start Date<br>Required                      | The date on which the plan will begin.   |
| Service Plan<br>Review Date<br>Required     | The date of the plan review. This field calculates to be 1 year minus 1 day from the Start Date.   |



| Field Name                                      | Description   |
|---|---|
| Eligibility<br>Date<br>Required                 | The eligibility date of the most recent eligibility determination. This date pulls from the Evaluation Date field on the most recent Evaluation, if applicable.   |
| Anticipated<br>3-Yr<br>Reevaluation<br>Required | The anticipated date of the reevaluation 3 years from the most recent<br>eligibility determination. This date is calculated based on the Evaluation Date<br>field on the most recent Evaluation, if applicable. |
| Comments  | The Comment field is used to record any additional information related to the plan, i.e. the meeting was conducted via phone, the parents could not attend etc. This field is limited to 650 characters.        |

### **Student Demographics**

The Student Demographics editor populates information about the student such as demographic data, address and school information.

Clicking **Refresh Student Information** synchronizes information in the editor with the most recent information entered for the student from the Demographics, Households, Enrollments and School tabs.

| Student Demographic<br>Note: At the point the p<br>copy, click the button b | olan is generated, a                    | ı snapshot of tl             | ne student data is taken. To get a fresh |
|---|---|------------------------------|--|
|   | Refresh                                 | Student Inforn               | nation                                   |
| Last Name<br>Student  | First Name Middle<br>Jose Albert        |                              | Suffix                                   |
| Gender<br>M   | Birthdate<br>01/01/2006                 | Student Add<br>1234 Blaine / | ress<br>Av, Las Vegas, NV 12345          |
| Race, Ethnicity (state)<br><i>Hispanic</i>                                  | Federal Student E<br>1: Hispanic/Latino |                              | Race(s)<br>White                         |
| Student Primary Langu<br>eng -English                                       | uage LEP Status<br>Not LEP              |                              |  |
| School Information:   |   |                              |  |
| Private School Name   |   |                              | School Number                            |
| Liberty HS  |   |                              | 428                                      |
| Address   |   |                              |  |
| 3700 Liberty Heights A  | Ave Henderson, NV                       | 89052                        |  |
| Telephone   |   |                              |  |
| 71512345678   |   |                              |  |
| Zoned School  |   | Other Zoned                  | Sabaal                                   |
| Liberty HS  |   | Other Zoned                  | School                                   |
|   |   |                              |  |
| Emergency Contact Na  | ame                                     | Emergency (                  | Contact Phone Number                     |
| Student Number<br>123456789   | Grade<br>12                             |                              | SUID<br>8831856138                       |
|   |   |                              |  |
| In  | nage 3: Stude                           | ent Demod                    | graphics editor                          |
|   | <u> </u>                                |                              | / /                                      |

Infinite Campus

| Field Name  | Description                | Database Location (when<br>Refresh Student<br>Information is clicked) | Campus<br>Location                                 |
|-------------|----------------------------|---|--|
| Last Name   | The student's last name.   | identity.lastName   | Census > People<br>> Demographics<br>> Last Name   |
| First Name  | The student's first name.  | identity.firstName  | Census > People<br>> Demographics<br>> First Name  |
| Middle Name | The student's middle name. | identity.middleName   | Census > People<br>> Demographics<br>> Middle Name |
| Suffix      | The student's suffix.      | identity.suffix   | Census > People<br>> Demographics<br>> Suffix Name |
| Gender      | The student's gender.      | identity.gender   | Census > People<br>> Demographics<br>> Gender      |



| Field Name                              | Description  | Database Location (when<br>Refresh Student<br>Information is clicked)   | Campus<br>Location  |
|---|--|---|---|
| Birthdate                               | The student's<br>birthdate.                            | identity.birthDate  | Census > People<br>> Demographics<br>> Birth Date   |
| Student<br>Address                      | The student's address.                                 | address.number;<br>address.street; address.tag;<br>address.prefix; address.dir;<br>address.apt; address.city;<br>address.state; address.zip | Census ><br>Households ><br>Address Info  |
| Race,<br>Ethnicity<br>(state)           | The student's state<br>designated<br>race/ethnicity.   | identity.raceEthnicity  | Census > People<br>> Demographics<br>> Race/Ethnicity<br>> Race/Ethnicity                                   |
| Federal<br>Student<br>Ethnicity<br>Code | The student's federal<br>designated ethnicity<br>code. | identity.federalRaces   | Census > People<br>> Demographics<br>> Race/Ethnicity<br>> Federal<br>Designation                           |
| Race(s)                                 | The student's race(s).                                 | identity.raceEthnicity1-5   | Census > People<br>> Demographics<br>> Race/Ethnicity<br>> Race(s)  |
| Student<br>Primary<br>Language          | The student's home primary language.                   | identity.homePrimaryLanguage  | Census > People<br>> Demographics<br>> First Language   |
| LEP Status                              | The student's LEP<br>status.                           | identity.learnerCategory  | Student<br>Information ><br>Program<br>Participation ><br>English Learners<br>(EL) > EL ><br>Program Status |
| School Name                             | The student's assigned school name.                    | school.name   | System<br>Administration ><br>Resources ><br>School > School<br>> School Detail<br>> Name                   |



| Field Name                     | Description   | Database Location (when<br>Refresh Student<br>Information is clicked) | Campus<br>Location  |
|--------------------------------|---|---|---|
| Private School<br>Number       | The number of the school.   | school.number   | System<br>Administration ><br>Resources ><br>School > School<br>> School Detail<br>> State School<br>Number |
| Address                        | The address of the school.  | school.address; school.city;<br>school.state; school.zip              | System<br>Administration ><br>Resources ><br>School > School<br>> School Detail<br>> Address                |
| Telephone                      | The telephone number of the school.   | school.phone  | System<br>Administration ><br>Resources ><br>School > School<br>> School Detail<br>> Phone                  |
| Zoned School                   | The zoned within which<br>the school is zoned. If<br>applicable, this defaults<br>from the Household<br>Zoned School tab. | planstudent.zonedSchool   | N/A   |
| Other Zoned<br>School          | This option is only<br>available when Other is<br>selected on the Zoned<br>School field.                                  | planstudent.otherZonedSchool  | N/A   |
| Emergency<br>Contact<br>Name   | A text field used to<br>enter an emergency<br>contact for the student.  | N/A   | N/A   |
| Emergency<br>Contact<br>Number | A text field used to<br>enter the phone<br>number for an<br>emergency contact for<br>the student.                         | N/A   | N/A   |



| Field Name        | Description                 | Database Location (when<br>Refresh Student<br>Information is clicked) | Campus<br>Location   |
|-------------------|-----------------------------|---|--|
| Student<br>Number | The student's ID<br>number. | identity.studentNumber  | Student<br>Information ><br>General ><br>Summary ><br>Student Number |
| Grade             | The student's grade.        | enrollment.grade  | Enrollments ><br>Grade   |
| SUID              | The student's state ID.     | person.stateID  | Census > People<br>> Demographics<br>> State ID                      |

# **Parent/Guardian Information**

The Parent/Guardian Information editor populates based on the established student/guardian relationships created on the student's Relationships tab or indicated by the guardian checkbox on the Households tab. The editor includes Demographics information for the student's guardian.

This editor is not editable. Clicking **Refresh Guardian Information** synchronizes information in the editor with the most recent information from the student's guardian's Demographics and Households tabs.

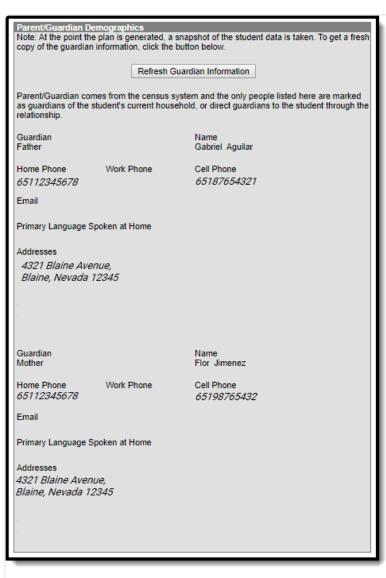


Image 4: Parent/Guardian Information editor

Infinite Campus

| Field<br>Name | Description  | Database Location (when Refresh<br>Guardian Information is clicked)            | Campus Location  |
|---------------|--|--|--|
| Guardian      | The<br>relationship<br>between the<br>student and<br>guardian. | planGuardian.relationship  | Census > People ><br>Relationships ><br>Relationships                                |
| Name          | The full name<br>of the<br>guardian.                           | identity.lastName; identity.firstName;<br>identity.middleName; identity.suffix | Census > People ><br>Demographics > Last<br>Name; First Name;<br>Middle Name; Suffix |



| Field<br>Name                            | Description  | Database Location (when Refresh<br>Guardian Information is clicked)  | Campus Location  |
|--|--|--|--|
| Home<br>Phone                            | The home<br>phone number<br>of the<br>guardian.      | contact.homePhone  | Census > People ><br>Households ><br>Household Phone &<br>Address(es) > Phone          |
| Work<br>Phone                            | The work<br>phone number<br>of the<br>guardian.      | contact.workPhone  | Census > People ><br>Demographics ><br>Personal Contact<br>Information > Work<br>Phone |
| Cell<br>Phone                            | The cell phone<br>number of the<br>guardian.         | contact.cellPhone  | Census > People ><br>Demographics ><br>Personal Contact<br>Information > Cell<br>Phone |
| Email                                    | The email<br>address of the<br>guardian.             | contact.email  | Census > People ><br>Demographics ><br>Personal Contact<br>Information > Email         |
| Primary<br>Language<br>Spoken<br>at Home | The language<br>spoken at the<br>guardian's<br>home. | identity.homePrimaryLanguage   | Census > People ><br>Demographics > Person<br>Information > Home<br>Language           |
| Address                                  | The address of<br>the guardian's<br>home.            | address.number; address.street;<br>address.tag; address.prefix;<br>address.dir; address.apt; address.city;<br>address.state; address.zip | Census > Households ><br>Address Info  |

# **Meeting Participants**

The Meeting Participants editor is used to record team meetings and participants for the student.

The required roles of Parent/Guardian/Surrogate, LEA Representative, Special Education Teacher, and Regular Education Teacher must be entered before this editor can be saved, if the student is over the age of 14.

|   | ants List           |   |
|---|---------------------|---|
| Print in Plan                                   | Meeting Date        | Meeting Description                                 |
|   |                     |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Meeting Particip                                | ants Editor         |   |
| Required roles in<br>Depresentative*            | nclude: Parent/Guar | dian/Surrogate*, LEA<br>Feacher*, Regular Education |
| Teacher***                                      | Special Education   | reacher, Regular Education                          |
|   |                     |   |
| Print In Plan                                   | Meeting             |   |
| <   |                     |   |
|   |                     |   |
| Meeting Descripti                               | on                  |   |
|   |                     |   |
|   |                     |   |
|   |                     | ,   |
|   |                     | /   |
| Meeting Particip                                | ants Attendance Edi | //  |
|   |                     | tor   |
| Meeting Particip                                |                     | tor   |
|   |                     | tor   |
|   | n Member            | tor<br>T  |
| X Link to Team                                  | n Member            | ¥   |
| Link to Team                                    | n Member            | ¥   |
| X Link to Team                                  | n Member            | ¥   |
| Link to Team                                    | n Member<br>Firs    | ¥   |
| Link to Team                                    | n Member<br>Firs    | ▼<br>t Name   |
| X Link to Team<br>Last Name<br>Role<br>Attended | n Member<br>Firs    | ▼<br>t Name   |
| Link to Team                                    | n Member<br>Firs    | ▼<br>t Name   |
| X Link to Team<br>Last Name<br>Role<br>Attended | n Member<br>Firs    | ▼<br>t Name   |

Image 5: Meeting Participants editor

Infinite Campus

| Field Name                             | Descriptions  |  |  |  |
|--|---|--|--|--|
| Meeting Participants Editor            |   |  |  |  |
| Print In<br>Plan                       | This checkbox is used to mark if this information should print in the student's plan. This is marked by default. Only one team meeting can be marked as Print in Plan = Yes.  |  |  |  |
| Meeting<br>Date                        | The day of the team meeting.  |  |  |  |
| Meeting<br>Description                 | Any information regarding the meeting can be entered into the Meeting Description text box.   |  |  |  |
| Meeting Participants Attendance Editor |   |  |  |  |
| Link to<br>Team<br>Member              | Any team member linked to the student's Team Members tab displays in the<br>Link to Team Member dropdown. See the Team Members document for<br>information on how to enter individual's information into this tool. |  |  |  |
| Last Name                              | The team member's last name.  |  |  |  |



| Field Name                     | Descriptions  |
|--------------------------------|---|
| First Name                     | The team member's first name.   |
| Role                           | The role of this team member. Values in this dropdown are based on a locked list of roles in the Attribute/Dictionary.  |
|                                | The required roles of Parent/Guardian/Surrogate, LEA Representative,<br>Special Education Teacher, and Regular Education Teacher must be entered<br>before this editor can be saved. If the Title field on the Team Member tab<br>matches the name? the role defaults in this editor. |
| Role<br>(blank<br>field)       | The role of the team member (manually entered). This text field is only available if one of the three "Other" options is selected in the Role dropdown.   |
| Attended                       | Indicates the person was present at the meeting. This determines which participants print on the plan.  |
| Invited                        | Indicates the person was invited to the meeting.  |
| Add new<br>team<br>participant | This button is used to enter additional team members' information into this editor.   |

# **Present Levels (PLAAFP)**

The Present Levels (PLAAFP) editor includes the student's present levels of academic achievement and functional performance, including the assessment conducted to determine level, resulting skills determined, and needs identified.

|   | Present Levels of Academic Achievement and Functional Performance   |
|---|---|
|   |   |
|   |   |
|   |   |
| l |   |
|   |   |
|   |   |
|   | PLAAFP Assessment *Sequence #   |
|   |   |
|   | *ASSESSMENT CONDUCTED   |
|   |   |
|   | *ASSESSMENT RESULTS   |
|   |   |
|   | <i>h</i>  |
|   | *EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION<br>CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL |
|   | ACTIVITIES  |
|   |   |
|   | <i>li</i>   |

Image 6: Present Levels (PLAAFP) editor

#### • Click here to expand...

Infinite Campus

| Field Name   | Description   |
|--|---|
| <b>Sequence #</b><br><i>Required</i>   | The sequence in which the PLAAFP records display in the editor and on the printed version of the plan.  |
| Assessment<br>Conducted<br>Required  | The name of the assessment that provided pertinent information for the<br>development of the plan. This could include formal or informal methods,<br>classroom observations, student work samples, teacher-created or other<br>achievement tests, recent evaluations, behavior rating scales,<br>performance data from regular education teachers, parental input, etc. |
| Assessment<br>Results<br>Required  | The results of the assessment corresponding to the assessment conducted.  |
| Effect on<br>student's<br>involvement and<br>progress in<br>general<br>education<br>Required | A text field used to describe the effect of the assessment results on the<br>student's involvement and progress in general education curriculum. For<br>early childhood students, this field is used to describe the impact of the<br>assessment results on the involvement in student's developmental<br>activities.   |

^ Back to Top

# Strengths, Concerns, Interests, and Preferences



The Strengths, Concerns, Interests, and Preferences editor records observed student strengths, the parents' educational concerns, the student's preferences and interests, and how these preferences and interest were considered. T he Strengths, Concerns, Interests, and Preferences editor displays on the Strengths, Concerns, Interests, and Preferences section of the printed plan.

| //<br>Statement of Parent Educational Concerns:   |
|---|
| Statement of Parent Educational Concerns:   |
| Statement of Parent Educational Concerns:   |
|   |
|   |
| Statement of Student's Preferences and Interests:<br>(required if transition services will be discussed, beginning at age 14 or younger if appropriate) |
| /   |
| If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered:                      |
|   |
|   |

Image 7: Strengths, Concerns, Interests, and Preferences editor

| Cli | ck | here | to | expand |
|-----|----|------|----|--------|
|-----|----|------|----|--------|

| Field Name   | Description  |
|--|--|
| Statement of Student Strengths   | A text box used to describe the student's<br>strengths to capture information that can<br>be utilized in developing goals and<br>objectives. |
| Statement of Parent Educational Concerns   | A text box used to describe the parent's concerns regarding the student's education.   |
| Statement of Student's Preferences and<br>Interests  | A text box used to describe the student's preferences and interests if transition services are discussed.                                    |
| If student was not in attendance, describe<br>the steps taken to ensure that the<br>student's preferences and interests were<br>considered | A text box used to describe the steps taken<br>to ensure that the student's preferences<br>and interests were considered at the<br>meeting.  |

^ Back to Top

# **Goals and Objectives**



The Goals and Objectives editor describes annual goals set for the student as well as how that goal will be measured and whether the goal relates to an existing post-secondary goal or an Extended School Year program.

| Goals and Objectives  |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Goal Editor   |  |  |
| *Seq. #   |  |  |
| 0   |  |  |
|   |  |  |
| MEASURABLE ANNUAL GOAL  (including how progress toward the annual goal will be measured)                              |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Check berg if this goal supports the student's postescendary goal(s) and identify                                     |  |  |
| Check here if this goal supports the student's postsecondary goal(s) and identify<br>the goal(s) to which it relates: |  |  |
| □ Training/Education  |  |  |
| Employment  |  |  |
| Independent Living Skills   |  |  |
| Other   |  |  |
|   |  |  |
|   |  |  |
| Image 8: Goals and Objectives editor  |  |  |

#### Click here to expand...

| Field Name   | Description   |
|--|---|
| Sequence<br>Required   | The sequence in which the goals will display in the goals and objectives editor and the printed plan.   |
| Measurable Annual<br>Goal  | A text field used to describe the student's measurable annual goals and<br>how progress toward the annual goal will be measured. Template Banks<br>(the white paper icon) can be used to prepopulate this field with goals<br>established in System Administration.   |
| Check here if this<br>goal supports the<br>student's<br>postsecondary<br>goal(s) | This checkbox is used to designate that the goal related to one of the<br>student's postsecondary goals. The second set of checkboxes is used to<br>specify to which area, Training/Education, Employment, Independent<br>Living Skills, or Other, the goal pertains. |

Each goal added must include either a benchmark or short term objective(s). Objectives can be added after a goal is saved, and then by clicking **New Plan Objective** in the action bar.

| Goals and Objectives              |
|-----------------------------------|
| Goal<br>Goal 1.2.3                |
| Goal 1 2 3                        |
| 0001120                           |
| Objectives                        |
| × *#:                             |
| BENCHMARK OR SHORT-TERM OBJECTIVE |
|                                   |
| //                                |
| Add Plan Goal Objective           |
|                                   |

Infinite Campus

| Field Name                            | Description   |
|---------------------------------------|---|
| Sequence<br>Required                  | The sequence in which the objective will display in the goals and objectives editor and the printed plan.         |
| Benchmark or Short-<br>Term Objective | A benchmark or short-term objective is used to gauge the student is progressing toward achieving the annual goal. |

^ Back to Top

# **Methods for Reporting Progress**

The Method for Reporting Progress editor describes the document(s) that will be used to report student progress and how often that document will be produced.

| Method for Reporting Progress<br>METHOD FOR REPORTING THE STUDENT'S PROGRESS TOWARD MEETING ANNUAL<br>GOALS (check all methods that will be used) |  |  |  |
|---|--|--|--|
| <ul> <li>Service Plan Goals Pages</li> <li>Specialized Progress Report</li> <li>Other</li> </ul>  | <ul> <li>District Report Card</li> <li>Parent Conferences</li> </ul> |  |  |
| PROJECTED FREQUENCY OF REPORTS Quarterly Semester Trimester Other   |  |  |  |
| Image 10: Methods for Reporting Progress editor   |  |  |  |



| Field Name   | Description   |
|--|---|
| Method for Reporting<br>the Student's Progress<br>Toward Meeting Annual<br>Goals | <ul> <li>This section is used to mark all the options used to report the student's progress toward meeting their annual goals to the student's parents. All options that apply should be marked.</li> <li>Options include: <ul> <li>Service Plan Goals Pages</li> <li>District Report Card</li> <li>Specialized Progress Report</li> <li>Parent Conferences</li> <li>Other</li> </ul> </li> </ul> |
| Projected Frequency of<br>Reports  | <ul> <li>This section is used to mark how frequently reports will be made<br/>in measuring the student's progress towards their annual goals.</li> <li>Options include: <ul> <li>Quarterly</li> <li>Semester</li> <li>Trimester</li> <li>Other</li> </ul> </li> </ul>   |

^ Back to Top

# **Specially Designed Instruction**

The Specially Designed Instruction editor lists services provided to the student in a Special Education setting.



|                | signed Instruction List |                |               |            |
|----------------|-------------------------|----------------|---------------|------------|
| Sequence       | Service Provided        | Time           | Start Date    | End Date   |
| 01             | Example Service         | 30.0/0.0       | 10/20/2020    | 10/19/2021 |
|                |                         |                |               |            |
|                |                         |                |               |            |
|                |                         |                |               |            |
|                |                         |                |               |            |
|                |                         |                |               |            |
|                |                         |                |               |            |
| Specially De   | signed Instruction      |                |               |            |
| Sequence       |                         |                |               |            |
| 01             |                         |                |               |            |
| <u> </u>       |                         |                |               |            |
| *Services      |                         |                |               |            |
| Example Ser    | vice                    |                |               |            |
|                |                         |                |               |            |
| *Location of S | lonvice                 |                |               |            |
| In school      | Service.                |                |               |            |
|                |                         |                |               |            |
| *Start Date:   |                         | *End Date:     |               |            |
| 10/20/2020     |                         |                |               |            |
|                |                         |                |               |            |
| *Service Minu  | ites                    | *Frequency     |               |            |
| 30             |                         | day 🗸          |               |            |
| -              | 2                       |                |               |            |
|                | Image 11: Specially De  | acian ad Instr | uction aditor |            |

| Field<br>Name                        | Description  |
|--------------------------------------|--|
| Sequence                             | The sort order in which the Services display both in the UI and on the print format.   |
| Services<br>Required                 | A text field used to describe the special ed services being provided to the student in the areas for which annual goals have been written. |
| Location<br>of Service<br>Required   | A text field used to describe the location where the student will receive services.  |
| <b>Start Date</b><br><i>Required</i> | The start date of the service.   |
| End Date<br>Required                 | The end date of the service.   |
| Service<br>Minutes<br>Required       | The number of service minutes that corresponds with the frequency of the services that will be provided.                                   |
| <b>Frequency</b><br><i>Required</i>  | The frequency of service to be provided for the student.   |



## **Supplementary Aids and Services**

The Supplementary Aids and Services editor lists the accommodations and modifications made to assist the student in participating in regular education. The Supplementary Aids and Services editor displays on the Supplementary Aids and Services area on the printed plan.

| Supplementary Aids   | and Services |                         |          |   |  |
|--|--------------|-------------------------|----------|---|--|
| Sequence<br>01   |              |                         |          |   |  |
|  |              |                         |          |   |  |
|  |              |                         |          |   |  |
| *Modifications, Accom  |              | ports for Student or Pe | ersonnel |   |  |
| *Modifications, Accom  |              | ports for Student or Pe | ersonnel |   |  |
| *Modifications, Accom  |              | ports for Student or Pe | ersonnel |   |  |
| *Modifications, Accom<br>Provide specific descr  |              | ports for Student or Pe | ersonnel |   |  |
| *Modifications, Accom  |              | ports for Student or Pe | ersonnel |   |  |
| *Modifications, Accom<br>Provide specific descr  |              | ports for Student or Pe | ersonnel | / |  |
| *Modifications, Accom<br>Provide specific descr<br>*Location of Service:<br>*Beginning Date:               |              | *Ending Date:           | ersonnel |   |  |
| *Modifications, Accom<br>Provide specific descr<br>*Location of Service:                                   |              | *Ending Date:           | ersonnel |   |  |
| *Modifications, Accom<br>Provide specific descr<br>*Location of Service:<br>*Beginning Date:<br>10/20/2020 |              | *Ending Date:           |          |   |  |
| *Modifications, Accom<br>Provide specific descr<br>*Location of Service:<br>*Beginning Date:               |              | *Ending Date:           |          |   |  |

Click here to expand...

| Field Name   | Description  |
|--|--|
| Sequence   | The sort order in which the Supplementary Aids display both in the UI and on the print format.   |
| Modifications,<br>Accommodations, or<br>Supports for Student or<br>Personnel<br>Required | A text field used to describe the modifications,<br>accommodations, or supports being provided to the student or<br>personnel.                   |
| Location of Services<br>Required   | A text filed used to describe the location where the services will be provided.  |
| Beginning Date<br>Required   | The start date of the services. This field auto-populates from<br>the Start Date field Service Plan editor, but it can be modified<br>as needed. |

| Field Name                          | Description   |
|-------------------------------------|---|
| Ending Date<br>Required             | The end date of the services. This field auto-populates from<br>the Service Plan Review Date field on the Service Plan editor,<br>but it can be modified as needed. |
| <b>Frequency</b><br><i>Required</i> | A text filed used to describe the frequency of the service.   |

### **Related Services**

The Related Services editor lists developmental, corrective or other supportive services required to assist the student with a disability.

| Service Provided List    |                | -21          |            |          |
|--------------------------|----------------|--------------|------------|----------|
| Sequence Service Pro     | vided          | Time         | Start Date | End Date |
|                          |                |              |            |          |
|                          |                |              |            |          |
|                          |                |              |            |          |
|                          |                |              |            |          |
|                          |                |              |            |          |
|                          |                |              |            |          |
| : 5                      |                |              |            |          |
|                          |                |              |            |          |
| Related Service          |                |              |            |          |
| Sequence<br>01           |                |              |            |          |
|                          |                |              |            |          |
| *Service                 |                |              |            |          |
| Assistive Technology     |                | ~            |            |          |
| *Service Type            |                |              |            |          |
| D - Direct               |                | ~            |            |          |
| Service Type Description |                |              |            |          |
|                          |                |              |            |          |
|                          |                |              |            |          |
|                          |                |              |            |          |
| *Location of Service:    |                |              |            |          |
| -                        |                |              |            |          |
| *Start Date:             |                | *End Date:   |            |          |
| 10/20/2020               |                |              |            |          |
| 10/20/2020               |                | 10/13/2021   | •          |          |
| *Service Minutes         |                | *Frequency   |            |          |
|                          |                | week V       |            |          |
|                          |                |              |            |          |
|                          |                |              |            |          |
|                          | lmage 13: Rela | ted Services | editor     |          |

Click here to expand...

Service options are based on a hard-coded list but additional options can be added in the Services tool.



| Field Name                          | Description  |
|-------------------------------------|--|
| Sequence                            | The sort order in which the Services display both in the UI and on the print format.   |
| <b>Service</b><br><i>Required</i>   | A dropdown used to select the related special ed service being provided to the student.  |
| Service Type<br>Required            | A dropdown used to select the type of service being provided to the student.   |
| Service Type<br>Description         | A text field used to provide additional details concerning the service type selected.  |
| Location of<br>Service<br>Required  | A text field used to describe the location where the student will receive services.  |
| Start Date<br>Required              | The start date of the service. This field auto-populates from the Start Date field on the Service Plan editor, but it can be modified as needed. |
| End Date<br>Required                | The end date of the service. This field auto-populates from the End Date field<br>on the Service Plan editor, but it can be modified as needed.  |
| Service<br>Minutes<br>Required      | The number of service minutes that correspond with the frequency of the services that will be provided.  |
| <b>Frequency</b><br><i>Required</i> | The frequency of service to be provided for the student.   |

### **Service Plan Implementation**

The Service Plan Implementation editor is used to document the parent/guardian's consent and understanding of the service plan.

| <ul> <li>I understand that my child is eligible to receive services under a Service Plan but I am declining all services, including those offered under a Service Plan.</li> <li>I understand that the IEP contains more services than identified above but I have chosen to enroll my child in a private school or homeschool setting, therefore, only the services outlined above will be provided through the Service Plan. I am agreeing to the services outlined in the Service Plan above.</li> <li>A copy of this Service Plan was provided to the student's parent on: Provided by: Name:</li> <li>Title:</li> </ul> | Service Plan Imple                       | mentation   |
|--|--|---|
| <ul> <li>chosen to enroll my child in a private school or homeschool setting, therefore, only the services outlined above will be provided through the Service Plan. I am agreeing to the services outlined in the Service Plan above.</li> <li>A copy of this Service Plan was provided to the student's parent on:         <ul> <li>Provided by:</li> <li>Name:</li> <li>Name:</li> </ul> </li> </ul>  |  |   |
| Provided by:<br>Name:  | chosen to enroll my services outlined ab | child in a private school or homeschool setting, therefore, only the<br>ove will be provided through the Service Plan. I am agreeing to the |
|  |  | ervice Plan was provided to the student's parent on:  |
| Title:   | Name:                                    |   |
|  | Title:                                   |   |
|  |  |   |
|  |  |   |

Infinite Campus

| Field Name  | Description  |
|---|--|
| I understand that my child is eligible to receive services under a<br>Service Plan but I am declining all services, including those<br>offered under a Service Plan.  | A checkbox<br>indicating the<br>parent is declining<br>services.   |
| I understand that the IEP contains more services than identified<br>above but I have chosen to enroll my child in a private school or<br>homeschool setting, therefore, only the services outlined above<br>will be provided through the Service Plan. I am agreeing to the<br>services outlined in the Service Plan above. | A checkbox<br>indicating the<br>parent agrees to<br>the services<br>outlined in the<br>Service Plan.                 |
| A copy of this Service Plan was provided to the student's parent<br>on:   | The date a copy of<br>the Service Plan<br>was provided to the<br>parent/guardian.                                    |
| Name  | The name of the<br>person who<br>provided the<br>student's<br>parent/guardian<br>with a copy of the<br>Service Plan. |

| Infinite Concerned and the second sec |   |  |
|--|---|--|
| Field Name   | Description   |  |
| Title  | The title of the<br>person who<br>provided the<br>student's<br>parent/guardian<br>with a copy of the<br>Service Plan. |  |

# **Enrollment Status**

The Enrollment Status editor stores basic information about the student's participation in special education, including disability, status, and setting.

| Any information saved in this editor will overwrite the special ed values on the student's Enrollment record.  |
|--|
| Special Ed State Reported Data Elements         Note: At the point the plan is generated, a snapshot of the student data is taken. To get a fresh copy, click the button below.         Get Special Ed Status from Enrollment         The editable values will change the values in the Service Plan and it will update the special ed status values in any enrollments that intersect the dates of the plan. The update of the enrollment will only occur when the plan is marked completed.         State ID       8831856138         *Primary Disability       ▼         VH: Visual Impairment/Blind       ▼         *Special Ed Status       ▼         1: Yes ▼       ▼         *Special Ed Status       ■         1: Yes ▼       ▼         Resident District 02: Clark County       ■ |
| Image 15: Enrollment Status editor   |

Click here to expand...



| Field Name                        | Description   |
|-----------------------------------|---|
| State ID                          | The student's state ID. This field is pulled from the Enrollment tab and cannot be modified.              |
| Primary<br>Disability<br>Required | The student's primary disability.   |
| Secondary<br>Disability           | The student's secondary disability.   |
| Special Ed<br>Status<br>Required  | The student's special ed status.  |
| Special Ed<br>Setting<br>Required | The student's special ed educational environment.   |
| Resident<br>District              | The student's district of residence. This field is pulled from the Enrollment tab and cannot be modified. |

# **Medicaid Consent**

The Medicaid Consent editor is used to document the parent/guardian's consent for the district to disclose the student's information in regards to seeking Medicaid funding.



| Medicaid Consent  |
|---|
| Please review the statements below and select your option by checking the appropriate box.  |
| Print in Plan   |
| 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<br>consent at any time by notifying the District. If I withdraw my consent, the District will continue to<br>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<br>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<br>school health services to my child at no cost to me, the parent/guardian.   |
| Name:   |
| (Name of parent/guardian)   |
| Signature:  |
|   |
| Date:   |
| Image 16: Medicaid Consent Editor   |

| Field Name    | Description  |
|---------------|--|
| Print in Plan | This checkbox will print this editor in the plan. The default is unmarked. |
| Yes/No        | The Yes/No checkboxes are used to indicate the parent/guardian's consent.  |
| Name          | The name of the parent/guardian.   |
| Signature     | The signature of the parent/guardian.                                      |
| Date          | The date the parent/guardian consented.                                    |

^ Back to Top

### **Print Example**

Click the **Print** button on the to generate a PDF of the student's service plan.



| Parent/Guardian/Surrogate       Gabriel Aguilar (Father)         Parent Phone (Home)       (Work)       Cell         Email       Primary Language Spoken at Home         Parent/Guardian/Surrogate       Flor Jimenez (Mother)         Parent/Guardian/Surrogate       Flor Jimenez (Mother)         Parent Phone (Home)       (Work)       Cell         Parent Phone (Home)       (Work)       Cell         Parent Phone (Home)       Primary Language Spoken at Home       Cell         Email       Primary Language Spoken at Home       Cell         EtlGIBILITY CATEGORY       Deaf/Blind       Developmental Delay         Autism Spectrum Disorder       Deaf/Blind       Developmental Delay         Intellectual Disability       Multiple Impairments       Orthopedic Impairment/Deaf         Intellectual Disability       Speech/Language Impairment       Traumatic Brain Injury         Visual Impairment/Blind       ANTICIPATED       10/16/2022         S-YR REEVALUATION       MEETING INFORMATION       MEETING INFORMATION   |                                   | INFORMATION                     |  |
|---|-----------------------------------|---------------------------------|--|
| Student Primary Language       spa -Spanish       LEP Status:       Exited LEP         Address       Student Phone  | STUDENT/PARENT INFORMATION        |                                 |  |
| Address   |                                   |                                 |  |
| Federal Placement Code:       SPED in Residential Facility (ages 3-5)       Federal Student Ethnicity Code:       1: Hispanic/Latino         Emergency Contact/Phone Number   | Student Primary Language spa -5   | Spanish LEP Status:             | Exited LEP   |
| Federal Placement Code:       SPED in Residential Facility (ages 3-5)       Federal Student Ethnicity Code:       1: Hispanic/Latino         Emergency Contact/Phone Number   | Address                           |                                 |  |
| Current School  | Federal Placement Code: SPED in F | Residential Facility (ages 3-5) | Federal Student Ethnicity Code: 1: Hispanic/Latino |
| Zoned School  |                                   |                                 |  |
| Zoned School  | Current School                    | 502 : George Whitt              | ell High School                                    |
| Parent Phone (Home)   | Zoned School                      |                                 |  |
| Parent Phone (Home)   |                                   |                                 |  |
| Email       Primary Language Spoken at Home         Parent/Guardian/Surrogate       Flor Jimenez (Mother)         Parent/Phone (Home)       (Work)       Cell         Email       Primary Language Spoken at Home       Cell         Email       Primary Language Spoken at Home       Cell         Email       Primary Language Spoken at Home       Cell         ELIGIBILITY CATEGORY       Developmental Delay       Emain         Entotional Disturbance       Si Health Impairment       Developmental Delay         Emotional Disturbance       Si Health Impairments       Orthopedic Impairment         Intellectual Disability       PMultiple Impairments       Orthopedic Impairment         Specific Learning Disability       Speceh/Language Impairment       Traumatic Brain Injury         Visual Impairment/Blind       10/17/2019       ANTICIPATED       10/16/2022         MEETING INFORMATION       3-YR REEVALUATION       10/16/2022         Service Plan - Homeschool       Service Plan - Homeschool       Service Plan - Moteschool         SERVICE PLAN       10/17/2019       START DATE       10/17/2019       SERVICE PLAN       10/16/2020         MEETING DATE       START DATE       10/17/2019       SERVICE PLAN       10/16/2020  | Parent/Guardian/SurrogateG        | abriel Aguilar (Father)         | _  |
| Parent/Guardian/Surrogate Flor Jimenez (Mother)<br>Parent Phone (Home) (Work) Cell<br>Email Primary Language Spoken at Home<br>ELIGIBILITY CATEGORY Deaf/Blind Developmental Delay<br>methods Spectrum Disorder Deaf/Blind Developmental Delay<br>Emotional Disturbance Health Impairment Hearing Impairment/Deaf<br>Intellectual Disability Multiple Impairments Orthopedic Impairment<br>Specific Learning Disability Spech/Language Impairment Traumatic Brain Injury<br>Visual Impairment/Blind<br>ELIGIBILITY DATE 10/17/2019 ANTICIPATED 10/16/2022<br>MEETING INFORMATION Service Plan - Homeschool Start DATE 10/17/2019 SERVICE PLAN 10/16/2020 REVIEW DATE Cell   | Parent Phone (Home)               | (Work)                          | Cell   |
| Parent Phone (Home) (Work) Cell<br>Email Primary Language Spoken at Home<br>ELIGIBILITY CATEGORY<br>Autism Spectrum Disorder Deaf/Blind Developmental Delay<br>Emotional Disturbance Health Impairment Hearing Impairment/Deaf<br>Intellectual Disability Multiple Impairments Orthopedic Impairment<br>Specific Learning Disability Specific Learning Disability Diverse Disability Intervent Intervent Intervent Diverse Disability Intervent Intervent Intervent Intervent Diverse Disability Service Plan NICIPATE | Email                             | Primary Language Spoke          | en at Home   |
| Parent Phone (Home) (Work) Cell<br>Email Primary Language Spoken at Home<br>ELIGIBILITY CATEGORY<br>Autism Spectrum Disorder Deaf/Blind Developmental Delay<br>Emotional Disturbance Health Impairment Hearing Impairment/Deaf<br>Intellectual Disability Multiple Impairments Orthopedic Impairment<br>Specific Learning Disability Specific Learning Disability Diverse Disability Intervent Intervent Intervent Diverse Disability Intervent Intervent Intervent Intervent Diverse Disability Service Plan NICIPATE |                                   |                                 |  |
| Email       Primary Language Spoken at Home         ELIGIBILITY CATEGORY       Deaf/Blind       Developmental Delay         Autism Spectrum Disorder       Deaf/Blind       Developmental Delay         Emotional Disturbance       Si Health Impairment       Hearing Impairment/Deaf         Intellectual Disability       Multiple Impairments       Orthopedic Impairment         Specific Learning Disability       Speech/Language Impairment       Traumatic Brain Injury         Visual Impairment/Blind       10/16/2022       3-YR REEVALUATION         ELIGIBILITY DATE       10/17/2019       ANTICIPATED       10/16/2022         Service Plan - Homeschool       Service Plan - Homeschool       Service Plan - Private School         SERVICE PLAN       10/17/2019       START DATE       10/17/2019       SERVICE PLAN       10/16/2020         MEETING DATE       START DATE       10/17/2019       SERVICE PLAN       10/16/2020   | ·                                 |                                 | —  |
| ELIGIBILITY CATEGORY         Autism Spectrum Disorder       Deaf/Blind       Developmental Delay         Emotional Disturbance       Si Health Impairment       Hearing Impairment/Deaf         Intellectual Disability       Multiple Impairments       Orthopedic Impairment         Specific Learning Disability       Speech/Language Impairment       Traumatic Brain Injury         Visual Impairment/Blind       10/17/2019       ANTICIPATED       10/16/2022         Secting INFORMATION       3-YR REEVALUATION       10/16/2022         PURPOSE OF MEETING       Service Plan - Homeschool       Service Plan - Private School         SERVICE PLAN       10/17/2019       START DATE       10/17/2019         SERVICE PLAN       10/17/2019       START DATE       10/17/2019         MEETING DATE       REVIEW DATE       10/16/2020   | Parent Phone (Home)               | (Work)                          | Cell   |
| Autism Spectrum Disorder     Deaf/Blind     Deaf/Blind     Developmental Delay     Emotional Disturbance     SHealth Impairment     Deaf/Blind     Developmental Delay     Hearing Impairment/Deaf     Intellectual Disability     PMultiple Impairments     Orthopedic Impairment     Specific Learning Disability     Specch/Language Impairment     Traumatic Brain Injury     Visual Impairment/Blind ELIGIBILITY DATE     10/17/2019     ANTICIPATED     3-YR REEVALUATION     PURPOSE OF MEETING     Service Plan - Homeschool     Service Plan - Homeschool SERVICE PLAN     10/17/2019     START DATE     10/17/2019     START DATE     10/17/2019     SERVICE PLAN     10/16/2020     REVIEW DATE  | Email                             | Primary Language Spoke          | en at Home   |
| Image: Service Plan - Homeschool       Start Date       10/17/2019       Start Date       10/17/2019       Start Date       10/16/2020         REETING DATE       10/17/2019       START DATE       10/17/2019       SERVICE PLAN       10/16/2020  | ELIGIBILITY CATEGORY              |                                 |  |
| Intellectual Disability P   Multiple Impairments Orthopedic Impairment   Specific Learning Disability Speech/Language Impairment   Visual Impairment/Blind   ELIGIBILITY DATE    10/17/2019 ANTICIPATED   3-YR REEVALUATION      MEETING INFORMATION  PURPOSE OF MEETING    Service Plan - Homeschool   Service Plan - Private School   SERVICE PLAN   10/17/2019   START DATE   10/17/2019   SERVICE PLAN   10/16/2020   REVIEW DATE   | Autism Spectrum Disorder          | Deaf/Blind                      | Developmental Delay                                |
| Specific Learning Disability       Speech/Language Impairment       Traumatic Brain Injury         Visual Impairment/Blind       ANTICIPATED       10/16/2022         ELIGIBILITY DATE       10/17/2019       ANTICIPATED       10/16/2022         MEETING INFORMATION       PURPOSE OF MEETING       Service Plan - Homeschool       Service Plan - Private School         Service Plan       10/17/2019       START DATE       10/17/2019       SERVICE PLAN       10/16/2020         MEETING DATE       10/17/2019       START DATE       10/17/2019       SERVICE PLAN       10/16/2020   |                                   |                                 |  |
| Visual Impairment/Blind         ELIGIBILITY DATE       10/17/2019         ANTICIPATED       10/16/2022         3-YR REEVALUATION         MEETING INFORMATION         PURPOSE OF MEETING         Service Plan - Homeschool         Service Plan - Private School         SERVICE PLAN       10/17/2019         SERVICE PLAN       10/17/2019         MEETING DATE       10/16/2020   |                                   |                                 |  |
| ELIGIBILITY DATE       10/17/2019       ANTICIPATED       10/16/2022         SERVICE PIAN - Homeschool       3-YR REEVALUATION       10/16/2020         SERVICE PLAN       10/17/2019       START DATE       10/17/2019         SERVICE PLAN       10/17/2019       SERVICE PLAN       10/16/2020   |                                   | Speech/Language Impairmen       | t Traumatic Brain Injury                           |
| 3-YR REEVALUATION         MEETING INFORMATION         PURPOSE OF MEETING         Service Plan - Homeschool         Service Plan - Private School         SERVICE PLAN       10/17/2019         SERVICE PLAN       10/17/2019         MEETING DATE       10/16/2020  |                                   | ANTICIPATED                     | 10/16/2022   |
| PURPOSE OF MEETING       Service Plan - Homeschool       Service Plan - Private School       SERVICE PLAN     10/17/2019       SERVICE PLAN     10/16/2020       MEETING DATE     REVIEW DATE   |                                   |                                 |  |
| X       Service Plan - Homeschool         Service Plan - Private School         SERVICE PLAN       10/17/2019         SERVICE PLAN       10/17/2019         MEETING DATE       10/16/2020   | MEETING INFORMATION               |                                 |  |
| Service Plan - Private School         SERVICE PLAN       10/17/2019         SERVICE PLAN       10/17/2019         MEETING DATE       10/16/2020   | PURPOSE OF MEETING                |                                 |  |
| SERVICE PLAN     10/17/2019     SERVICE PLAN     10/16/2020       MEETING DATE     REVIEW DATE     REVIEW DATE  |                                   |                                 |  |
| MEETING DATE STAKE DATE REVIEW DATE   |                                   |                                 |  |
|   |                                   | START DATE 10/17/2019           | BERVICETEAR  |
|   |                                   |                                 | REVIEW DATE  |
|   | COMMENTS                          |                                 |  |
|   |                                   |                                 |  |

Image 15: Example of Printed Service Plan PDF

^ Back to Top