Preschool Individual Education Plan (Delaware)

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Tool Search: Special Ed Documents

The Preschool Individual Education Plan captures preschool student special education information and matches the required documentation provided by the state of Delaware. This document describes each editor, each field on the editor, and any special considerations and instructions. For information on general functionality, navigation, and additional plan and evaluation features, see the core Plan and Evaluation Information article.

> The current print format is **DE Preschool IEP 2025.2**. Delaware is a State Edition. Districts cannot change the plan format.

Editor Home

Not Needed Status Information

Editors marked as Not Needed DO NOT print. The following editors cannot be placed in a Not

Needed Status:

- Meeting Participants
- Data Considerations
- Other Factors to Consider
- Unique Needs/Present Levels/Annual Goals and Benchmarks
- Specially Designed Instruction
- Transportation
- Discipline
- Participation in Twelve Month Program
- ESY
- Educational Environment

Plan Header

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

> This editor must be saved before entering data into other editors.

Plan Header Editor

▶ Click here to expand...

Field	Description	Validation

Field	Description	Validation
Plan Type *Required*	The type of plan. Options include: • Annual IEP • Annual IEP/Reevaluation Eligibility Determination • IEP Meeting • IEP Revision • IEP Revision/Reevaluation Eligibility Determination • Initial Eligibility Determination • Initial IEP • Initial IEP/Initial Eligibility Determination • PPPS Meeting • Reevaluation Eligibility Determination	N/A
Meeting Date	The day the student's team met.	This field is populated from the Meeting Date selected on the Meeting Participants editor, but can be edited as needed.
IEP Initiation Date *Required*	The first day of the student's plan.	N/A
IEP End Date	The last day of the student's plan.	This field automatically calculates to 364 days from the Meeting Date.
Most Recent ESR Date	The date of the student's most recent Evaluation.	This field pulls in the date from the most recent, locked Evaluation when it exists, but can be edited.
Temporary Placement		
Temporary Placement Date	The date of the temporary placement.	N/A
Agency Representative	The name of the agency representative in charge of the placement.	This field is limited to 150 characters.

Enrollment Information

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

Enrollment Information Editor

▶ Click here to expand...

Field	Description	Validation
Primary Disability	The student's first disability. Options include: • 1000 Autism • 1100 Deaf-Blind • 1400 Developmental Delay • 0200 Emotional Disability • 0700 Hearing Impairment • 0300 Learning Disability • 0100 Mild Intellectual Disability • 0400 Moderate Intellectual Disability • 0603 Orthopedic Impairment • 0601 Other Health Impairment • 0900 Partially Sighted • 1600 Pre-School Speech Delay • 0500 Severe Intellectual Disability • 1200 Speech and/or Language Impairment • 1300 Traumatic Brain Injury • 0800 Visually Impaired	This pulls in from the Section D: Eligibility Determination editor from the most recent, locked Evaluation document, when available. However, this field can still be modified.

Field	Description	Validation
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 Section D: Eligibility Determination editor from the most recent, locked Evaluation document, when available. However, this field can still be modified.
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 Section D: Eligibility Determination editor from the most recent, locked Evaluation document, when available. However, this field can still be modified.
District of Residence	The student's district of residence.	This field pulls in from the student's Enrollment record when available but can be manually edited.
Attending Building	The building where the student attends school.	Upon Refresh, this field is pulled from the Enrollment tool but can be manually edited.
Grade	The student's grade.	Upon Refresh, this field is pulled from the Enrollment tool and cannot be modified. **Database Location:** enrollment.grade
District Information		
District Number	The district number associated with the Enrolled school.	District Information > State District Number
District Name	The district name associated with the Enrolled school.	District Information > Name
District Address	The district address associated with the Enrolled school.	District Information > Address
District Phone	The district phone number associated with the Enrolled school.	District Information > Phone
District SPED Address	The district special education address associated with the Enrolled school.	District Information > SPED Address
District SPED Phone	The district special ed phone number associated with the Enrolled school.	District Information > SPED Phone

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 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
Suffix	The student's suffix.	Demographics > Suffix Name identity.suffix

Field Name	Description	Database and UI Location (when Refreshed is clicked)
Birthdate	The student's birthdate.	Demographics > Birth Date identity.birthDate
Student ID	The student's ID number.	Enrollment > Student Number identity.studentNumber
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
Case Manager 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 Information Editor

▶ Click here to expand...

Field	Description
Print Sequence	The order in which the parent/guardian displays.
Name	The name of the parent/guardian.
Address	The address of the parent/guardian.
Home Phone	The parent/guardian's home phone.
Work Phone	The parent/guardian's work phone.
Cell Phone	The parent/guardian's cell phone.
Email	The parent/guardian's email.
Home Primary Language	The language the parent/guardian speaks at home.

Meeting Participants

The Meeting Participants editor records team meetings and participants for the student.

Meeting Participants Editor

▶ Click here to expand...

Field	Description	Validation
Print in Plan	Indicates this record prints.	This field defaults to unmarked.
Meeting Invite	The day of the meeting invitation.	This field populates from the locked Meeting Invitation document. All locked Meeting Invitation types display in this dropdown.
Meeting Date *Read-only*	The day of the meeting.	This field populates from the locked Meeting Invitation document.
Invitation Date *Read-only*	The day of the invitation.	This field populates with the last Meeting Date from the locked Meeting Invitation document.
Meeting Location *Read-only*	The location of the meeting.	This field populates with the Meeting Location from the locked Meeting Invitation document.
Meeting Time *Read-only*	The time of the meeting.	This field populates with the Meeting Time from the locked Meeting Invitation document.

Field	Description	Validation
Meeting Purpose *Read-only*	The purpose of the meeting.	This field populates with the Purpose(s) from the locked Meeting Invitation document.
Attendance		
First Name	The first name of the team member.	This field populates from the Team Members on the selected Meeting Invitation.
Last Name	The last name of the team member.	This field populates from the Team Members on the selected Meeting Invitation.
Role Name	The role of the team member.	This field populates from the Team Members on the selected Meeting Invitation.

Data Considerations

The Data Considerations editor documents the student's strengths and data sources used to analyze the student's performance and the impact of the student's disability.

Data Considerations Editor

▶ Click here to expand...

Field	Description	Validation
1. What are the student's strengths? *Required*	A description of the student's strengths.	*This field is required to Complete the editor.
2. What are the educational concerns of the parent (or student, if appropriate)? *Required*	A description of the parent's educational concerns for their student.	*This field is required to Complete the editor.
3. What multiple data sources (including district or statewide assessments) are being used to create this IEP? *Required*	A description of the data sources included in creating the IEP.	*This field is required to Complete the editor.

Field	Description	Validation
4. How does the child's disability affect the child's involvement and progress in the general education curriculum? *Required*	A description of how the student's disability impacts their progress in the general education curriculum.	*This field is required to Complete the editor.
5. What are the child's other educational needs that result from the child's disability? *Required*	A description of the student's educational needs based on their disability.	*This field is required to Complete the editor.
6.Braille? *Required*	Indicates the student required Braille instruction. Options are Yes or No.	*This field is required to Complete the editor.
If the IEP team has determined that Braille instruction is not appropriate at this time, provide a specific explanation of why such services are inappropriate *Required*	A description of why Braille instruction in not appropriate for the student.	*This field is available and required when No is selected for the Braille question.

Other Factors to Consider

The Other Factors to Consider editor documents the areas the team considers when creating the student's plan.

Other Factors to Consider Editor

▶ Click here to expand...

Field	Description
Communication needs of the student	Options are Yes or No.
Braille instruction for students who are blind or visually impaired	Options are Yes or No.
Communication and language needs for students who are deaf/hard of hearing	Options are Yes or No.
Language needs for students with limited English proficiency	Options are Yes or No.
Positive behavior interventions, supports, and strategies for student whose behavior impedes learning	Options are Yes or No.
Need for assistive technology devices and services	Options are Yes or No.
Intervention supports and strategies for students who have difficulty accessing and/or using grade-level textbooks and other core materials in standard print formats	Options are Yes or No.
Evidence-based reading interventions, supports, and strategies for students with limited reading proficiency	Options are Yes or No.

Unique Needs/Present Levels/Annual Goals and Benchmarks

The Unique Needs/Present Levels/Annual Goals and Benchmarks editor includes the student's present levels of academic achievement and functional performance, including the assessment conducted to determine the level, resulting skills determined, and needs identified. This also includes goals and benchmarks.

Unique Needs List Screen

▶ Click here to expand...

Unique Needs/Present Levels/Annual Goals and Benchmarks List Screen

Column Name	Description
Padlock Icon	Indicates the person editing the record.
Sequence	The order of the record.
Area of Unique Need	The area where the student requires special education services, supplementary aids and supports, and program modification or supports.
Statement of Unique Need	The type of special education service, supplementary aids and support, and program modification or support.

Unique Needs/Present Levels/Annual Goals and Benchmarks Detail Screen

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

Unique Needs/Present Levels/Annual Goals and Benchmarks

Sequence Number *

1

Area of Unique Need *

Writing

Provide a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will enable the child
- to advance appropriately toward attaining the annual goals
- to be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and
- to be educated and participate with other children with disabilities and non disabled children

Statement of Unique Need *

Example writing statement.

Describe accommodations and/or modifications the student needs to benefit from his/her special education program *

Writing accommodation.

Describe Present Levels of Educational Performance for the area/unique need above *

Writing level of educational performance.

Unique Needs Detail Screen

Field	Description	Validation
Sequence Number *Required*	The order of the record.	This field automatically sequences for each new entry. Each sequence number must be unique.
Area of Unique Need *Required*	The area where the student requires special education services, supplementary aids and supports, and program modification or supports.	This field is limited to 100 characters.
Statement of unique need *Required*	The type of special education service, supplementary aids and support, and program modification or support.	This field is limited to 8000 characters.

Field	Description	Validation
Describe accommodations and/or modifications the student needs to benefit from his/her special education program *Required*	A description of the accommodation or modification.	This field is limited to 8000 characters.
Describe Present Levels of Educational Performance for the area/unique need above *Required*	A description of the student's current level of educational performance.	This field is limited to 8000 characters.

Measurable Annual Goals and Benchmarks (Table)

The following columns display in the Measurable Annual Goals and Benchmarks table:

- Sequence
- Annual Goal
- Related Service Goal
- ESY

This side panel displays when selecting an existing record or clicking the **New** button. The below fields display on the Measurable Annual Goal and Benchmarks side panel:

Annual Goal

Sequence Number	The order of the record.	This field automatically sequences for each new entry. Each sequence number must be unique.
ESY	This indicates that this area is part of an extended school year program.	When marked, the goal pulls into the ESY editor as read-only.
Related Service Goal	This indicates that this area is part of a related service goal.	When marked, the Related Service editor is required and cannot be placed in a Not Needed status.
Annual Goal	A description of the goal.	This field is limited to 8000 characters.

Benchmarks

| Field	Description	Validation
Sequence Number *Required*	The order of the record.	N/A
Benchmark *Required*	The standard the student must achieve to make progress toward the annual goal.	This field is limited to 2000 characters.
Marking Period	The terms associated with the enrollment for the active IEP.	This pulls from Calendar Setup.

Progress

The following fields display as read-only when a Progress Report document is created for this student's goals.

- Progress
- Date Progress Reported
- Optional Narrative

Specially Designed Instruction

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

Specially Designed Instruction List Screen

▶ Click here to expand...

Specially Designed Instruction List Screen

Column Name	Description
Padlock Icon	Indicates the person editing the record.
Sequence	The order of the record.
Specially Designed Instruction	The service provided to the student.

Column Name	Description
Frequency/Duration	The amount of time the student requires the service.
Setting	The location of service.
Related Service	Indicates this is a related service.
Initiation Date	The first day of service.
End Date	The last day of service.

Specially Designed Instruction Detail Screen

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

Specially Designed Instruction Detail Screen

Field	Description	Validation
Sequence Number *Required*	The order of the record.	This field automatically sequences for each new entry. Each sequence number must be unique.

Field	Description	Validation
Addresses Area(s) of Unique Need *Required*	The area where the student requires special education services, supplementary aids and supports, and program modification or supports.	This field populates with the Areas of Unique Need from the Unique Needs/Present Levels/Annual Goals and Benchmarks editor.
Addresses Goal(s)	A description of the goal.	This field populates with the Areas of Unique Need from the Unique Needs/Present Levels/Annual Goals and Benchmarks editor.
Specially Designed Instruction *Required*	The service provided to the student. Options include: • SDI for reading • SDI for math • SDI for writing • SDI for behavior • SDI for social/emotional skills • SDI for executive functioning • SDI for speech and/or language • SDI for occupational therapy • SDI for other	N/A
Specify Other **Required*	A description of the other service provided to the student.	*This field is available and required when SDI for other is selected as the Specially Designed Instruction. This field is limited to 150 characters.
Setting *Required*	The location of service. Options are: • General Education Setting • Special Education Setting	N/A
Describe...	A description of how the specially designed instruction addresses the student's needs by adapting their instruction.	This field is limited to 8000 characters.
Duration and Frequency		
Initiation Date *Required*	The first day of service.	This field populates with the Initiation Date from the Plan Header but can be modified as needed.

Field	Description	Validation
End Date *Required*	The last day of service.	This field populates with the End Date from the Plan Header but can be modified as needed.
Amount of time (in minutes) *Required*	The number of minutes the student receives the service.	N/A
Number times per *Required*	The number of times the student receives the service.	N/A
Frequency *Required*	The frequency of service. Options include: • Class period per month • Class periods per school day • Class periods per school week • Days per month • Days per school week • Sessions per month • Sessions per school day • Sessions per school week • Times per marking period • Times per month • Times per school day • Times per school week	N/A
Responsible Party *Required*	The person responsible for administering the service. Options include: • Special education staff • Regular education staff • Regular and special education staff	N/A

Related Services

The Related Services editor documents any related services the student requires.

Related Services List Screen

▶ Click here to expand...

Related Services List Screen

Column Name	Description
Padlock Icon	Indicates the person editing the record.
Sequence	The order of the record.
Service	The service provided to the student.
Frequency/Duration	The amount of time the student receives services.
Setting	The location of the service.
Initiation Date	The first day of the service.
End Date	The last day of the service.

Related Services Detail Screen

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

Related Services Detail Screen

Field	Description	Validation
Sequence Number *Required*	The order of the record.	This field automatically sequences for each new entry. Each sequence number must be unique.
Addresses Area(s) of Unique Need *Required*	The area where the student requires special education services, supplementary aids and supports, and program modification or supports.	This field populates with the Areas of Unique Need from the Unique Needs/Present Levels/Annual Goals and Benchmarks editor.
Addresses Goal(s)	A description of the goal.	This field populates with the Areas of Unique Need from the Unique Needs/Present Levels/Annual Goals and Benchmarks editor.
Type of Instruction *Required*	The type of instruction. Options include: • I: Individual • G: Group • C: Consult	**Ad hoc inquiries**: deServices.instructionType

Field	Description	Validation
Related Service *Required*	The service provided to the student.	**Ad hoc inquiries**: deServices.relatedServices
Setting *Required*	The location of service. Options are: • General Education Setting • Special Education Setting	**Ad hoc inquiries**: deServices.Setting
Responsible Party *Required*	Options include: • Audiologist • School Psychologist • School Counselor • Social Worker • Interpreter • Occupational Therapist • Orientation and Mobility Specialist • Physical Therapist • DVR Staff • DDDS Staff • Speech Language Pathologist • School Nurse • DVI Staff • Other	**Ad hoc inquiries:** deServices.responsibleParty
Specify Other **Required*	The other responsible party.	*This field is available and required when Other is selected as the Responsible Party.
Description	A description of how the supplementary aids and services addresses the student's needs by adapting their instruction.	This field is limited to 8000 characters. **Ad hoc inquiries**: deServices.description
Duration and Frequency		
Initiation Date *Required*	The first day of service.	This field populates with the Initiation Date from the Plan Header but can be modified as needed. **Ad hoc inquiries:** deServices.startDate

Field	Description	Validation
End Date *Required*	The last day of service.	This field populates with the End Date from the Plan Header but can be modified as needed. **Ad hoc inquiries:** deServices.endDate
Amount of time (in minutes) *Required*	The number of minutes the student receives the service.	**Ad hoc inquiries:** deServices.time
Number times per *Required*	The number of times the student receives the service.	**Ad hoc inquiries:** deServices.numberTimes
Frequency *Required*	The frequency of service. Options include: • Class period per month • Class periods per school day • Class periods per school week • Days per month • Days per school week • Sessions per month • Sessions per school day • Sessions per school week • Times per marking period • Times per month • Times per school day • Times per school week	**Ad hoc inquiries:** deServices.frequencyPeriod

Transportation

The Transportation editor is used to document the student's transportation needs.

Transportation Editor

▸ Click here to expand...

Field	Description	Validation
Are there special transportation needs? *Required*	Indicates the student requires additional transport services. Options are Yes or No.	N/A
If yes, specify **Required*	A description of the transportation service needs of the student.	*This field is available and required when Yes is selected for the Are there special transportation needs? question.
Is it necessary to place this student, who is transported from the school bus into the charge of a parent or other authorized responsible person?	Indicates the student must be placed in the care of a guardian or responsible person after transport. Options are Yes or No.	N/A

Discipline

The Discipline editor notes the student's adherence to the school's code of conduct.

Discipline Editor

▸ Click here to expand...

Field	Description	Validation
The student will adhere to School Code of Conduct	Options include: • Interventions and supports are described under services/supports and/or in goals • Behavior intervention and support plan (see attached) • Other	Mark all that apply.
Specify Other *Required*	A description of what other supports the student may need to follow the school code of conduct.	*This field is available and required when Other is selected above. This field is limited to 8000 characters.

Participation in Twelve Month Program

The Participation in Twelve-Month Program editor indicates the parent has chosen a twelve-month program for their student. The options are Yes, No, or Not Applicable.

Participation in Twelve Month Program Editor

ESY

The Extended School Year editor indicates the student requires services beyond the standard school time, such as beyond school hours or during breaks.

Consideration of Eligibility for Extended School Year Services (ESY) Editor

▶ Click here to expand...

Field	Description	Validation
Is ESY needed? *Required*	Indicates ESY is needed. Options include: • Yes • No • ESY offered, but declined by parent	N/A
Rationale for Decision *Required*	A description of the decision rationale.	This field is limited to 8000 characters.

Field	Description	Validation
If yes, describe ESY goal(s) *Required*	A description of the ESY goals.	*This field is available and required when Yes is selected from the "Is ESY needed" dropdown. This field is limited to 8000 characters.
Specify Goals *Read-only*	A read-only view of the ESY Goal.	N/A

ESY Services

The Extended School Year Services editor documents the ESY services provided to the student.

ESY Services List Screen

▸ Click here to expand...

ESY Services List Screen

Column Name	Description
Padlock Icon	Indicates the person editing the record.
Sequence	The order of the record.
Service	The service provided to the student.
Type	The type of service.
Frequency	The amount of time the student requires the service.
Initiation Date	The first day of service.
End Date	The last day of service.

ESY Services Detail Screen

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

ESY Services Detail Screen

Field	Description	Validation
Sequence Number *Required*	The order of the record.	This field automatically sequences for each new entry. Each sequence number must be unique.

Field	Description	Validation
Service *Required*	The service provided to the student. • AUDESY: Audiology • COESY: Counseling Services • INSTMA: Instruction - Math • INSTREA: Instruction - Reading • INSESY: Instruction • INTESY: Interpreting Services • OTESY: Occupational Therapy • OMESY: Orientation and Mobility Services • PARCOESY: Parent Counseling and Training • PTESY: Physical Therapy • PSESY: Psychological Services • RECESY: Recreation • REHABESY: Rehabilitation Counseling Services • SNESY: School Nurse Services • SWESY: Social Work Services • STESY: Speech/Language Pathology Services • TRANSESY: Transportation	N/A
Service Type *Required*	The type of service. • AUDESY: Audiology • COESY: Counseling Services • INSTMA: Instruction - Math • INSTREA: Instruction - Reading • INSESY: Instruction • INTESY: Interpreting Services • OTESY: Occupational Therapy • OMESY: Orientation and Mobility Services • PARCOESY: Parent Counseling and Training • PTESY: Physical Therapy • PSESY: Psychological Services • RECESY: Recreation • REHABESY: Rehabilitation Counseling Services • SNESY: School Nurse Services • SWESY: Social Work Services • STESY: Speech/Language Pathology Services • TRANSESY: Transportation	N/A

Field	Description	Validation
Grade	The student's grade.	N/A
Setting *Required*	The location of service. Options are: • General Education Setting • Special Education Setting	N/A
Describe	A description of how the service addresses the student's needs by adapting their instruction.	This field is limited to 8000 characters.
Duration and Frequency		
Initiation Date *Required*	The first day of service.	This field populates with the Initiation Date from the Plan Header but can be modified as needed.
End Date *Required*	The last day of service.	This field populates with the End Date from the Plan Header but can be modified as needed.
Amount of time (in minutes) *Required*	The number of minutes the student receives the service.	N/A
Number times per *Required*	The number of times the student receives the service.	N/A
Frequency *Required*	The frequency of service. Options include: • Class period per month • Class periods per school day • Class periods per school week • Days per month • Days per school week • Sessions per month • Sessions per school day • Sessions per school week • Times per marking period • Times per month • Times per school day • Times per school week	N/A

Education Environment

The Education Environment editor documents where the student receives services.

👤🔒	Educational Environment	3-5 or K-12	Initiation Date	End Date
	(A1) and receiving the majority of hours of special education and related services in the regular early childhood program	3-5	2025-03-03	2025-03-31

Educational Environment List Screen

▶ Click here to expand...

Educational Environment List Screen

Column Name	Description
Padlock Icon	The user currently editing the record.
Educational Environment	The student's educational environment.
3-5 or K-12	The age of the student.
Initiation Date	The first day of the educational environment.
End Date	The last day of the educational environment.

Educational Environment Detail Screen

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

Educational Environments of Children with Disabilities Ages 3-5

Check ONE *

(A) Children attending a regular early childhood program at least 10 hours per week and the program includes at least 50 percent children without disabilities (children not on IEPs)

☐ (A1) and receiving the majority of hours of special education and related services in the regular early childhood program

☐ (A2) and receiving the majority of hours of special education and related services in some other location

(B) Children attending a regular early childhood program less than 10 hours per week and the program includes at least 50 percent children without disabilities (children not on IEPs)

☐ (B1) and receiving the majority of hours of special education and related services in the regular early childhood program

☐ (B2) and receiving the majority of hours of special education and related services in some other location

(C) Children attending a special education program (NOT in any regular early childhood program) and the program includes less than 50 percent children without disabilities (children not on IEPs)

☐ (C1) specifically, a separate special education class

☐ (C2) specifically, a separate school

☐ (C3) specifically, a residential facility

(D) Children attending NEITHER a regular early childhood program NOR a special education program (NOT included in row sets A, B, or C)

☐ (D1) receiving the majority of hours of special education and related services at home. Report the child in this category even if the child also received special education and related services in a service provider location or some other location that is not in any other category

☐ (D2) receiving the majority of hours of special education and related services at the service provider location or some other location not in any other category

Educational Environment Detail Screen

Field	Description	Validation
Educational Environments of Children with Disabilities Ages 3-5		

Field	Description	Validation
Check ONE *Required*	(A) Children attending a regular early childhood program at least 10 hours per week and the program includes at least 50 percent children without disabilities (children not on IEPs) (A1) and receiving the majority of hours of special education and related services in the regular early childhood program (A2) and receiving the majority of hours of special education and related services in some other location (B) Children attending a regular early childhood program less than 10 hours per week and the program includes at least 50 percent children without disabilities (children not on IEPs) (B1) and receiving the majority of hours of special education and related services in the regular early childhood program (B2) and receiving the majority of hours of special education and related services in some other location (C) Children attending a special education program (NOT in any regular early childhood program) and the program includes less than 50 percent children without disabilities (children not on IEPs) (C1) specifically, a separate special education class (C2) specifically, a separate school (C3) specifically, a residential facility (D) Children attending NEITHER a regular early childhood program NOR a special education program (NOT included in row sets A, B, or C) (D1) receiving the majority of hours of special education and related services at home. Report the child in this category even if the child also received special education and related services in a service provider location or some other location that is not in any other category (D2) receiving the majority of hours of special education and related services at the service provider location or some other location not in any other category	Only one option from A-D can be selected.

Field	Description	Validation
An explanation must be provided about the extent, of any, to which the child will not participate with children without disabilities in an early childhood program *Required*	A description of how the student participates with non-disabled peers in the early childhood program.	This field is limited to 8000 characters.
Building *Required*	The location of the setting.	This field is limited to 150 characters.
Initiation Date *Required*	The first day of the setting.	N/A
End Date *Required*	The last day of the setting.	N/A
Educational Environments of Children with Disabilities K-12		

Field	Description	Validation
Use the options below to determine the appropriate setting	• A. Regular Setting includes pull-out related services and team classrooms. Student served inside the regular classroom greater than or equal to 80% of the day • B. Services Provided Both in Separate Education Classes and Regular Setting Student served inside the regular classroom greater than or equal to 40% of the day and no more than 79% of the day • C. Separate Special Education in an Integrated Setting Student served inside the regular classroom less than 40% of the day • D. Separate School Student served in public or private separate day school facility for greater than 50% of the school day or a residential facility of student does not live at the facility • E. Residential Facility where student resides during the school week • F. Homebound or Hospital • G. Correctional Facilities (only used by DSCYF and Prison Education) Students placed in a short-term detention or correctional facilities	Only one option can be selected.
An explanation must be provided about the extent, if any, to which the child will not participate with non-disabled children in the regular class *Required*	A description of how the student participates with non-disabled peers in the regular classroom.	*This field is required when any selection is made in the K-12 section above. This field is limited to 8000 characters.
Building	The location of the setting.	This field is limited to 150 characters.
Initiation Date	The first day of the setting.	N/A
End Date	The last day of the setting.	N/A

Signatures

The Signatures editor documents the parent/guardian(s)' or student's (if over 18) consent of the proposed plan documented in the rest of the IEP.

> 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 Delaware Plan eSignature Editors process article for additional information.

Signatures Editor

▸ Click here to expand...

Field	Description	Validation
I acknowledge that I have received a copy of the Procedural Safeguards. My due process rights under these Procedural Safeguards have been explained to me	Indicates the parent has received the Procedural Safeguards document. Options are Yes or No.	N/A

Field	Description	Validation
I agree with the program described in this document	Indicates the parent agrees with the proposed program for their student. Options are Yes or No.	N/A
I agree with the placement decision as noted above and discussed at this meeting	Indicates the parent agrees with the proposed placement for their student. Options are Yes or No.	N/A
At least one year before the age of majority (18), the student has been informed that rights will transfer to him/her unless a legal guardian has been appointed	Indicates the student has been informed that their rights will transfer to them unless a legal guardian is appointed. Options are Yes or Not Applicable.	N/A
If Parent Does Not Attend		
Name	The name of the case manager.	This field populates with the Case Manager name from the Team Members tool.
Position	The role of the case manager	This field populates with the Case Manager role from the Team Members tool.
Method of Contact	The form of communicating with the parent. Options include: • In Person • Via Email • Via Mail • Via Phone • Other	N/A
Specify Other *Required*	The other form of communication.	*This field is available and required when Other is selected as the Method of Contact.

Medicaid

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

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 Delaware Plan eSignature Editors process article for additional information.

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I hereby authorize this school *<School name will be updated after the enrollment editor is filled>* to release this student's records and information to Medicaid for the purpose of billing for special education and related services that may be provided to this student under 34 CFR part 300.

By checking YES and signing this authorization document, I understand and agree that

- My signature on this form permits the above-mentioned school and/or school district/charter school to use this student's and/or my public benefits or insurance information to pay for services under 34 CFR part 300, which outlines special education and related services under the Individuals With Disabilities Education Act
- My signature is voluntary and services are not dependent on my authorization
- My signature is valid until such a time that it is revoked
- I can revoke my approval at any time by writing to the originating agency, which revocation will be valid upon receipt, but which will not affect actions taken prior to receipt of such revocation
- I have a right to request and receive from the school district or charter school a copy of the records that have been given to Medicaid
- I have a right to receive a copy of this consent form
- Requesting the use of these funds DOES NOT affect this student's rights/your rights to a fair, appropriate public education nor does it cost you or your family money. There will be no co-pays, no loss of Medicaid eligibility and no impact on lifetime Medicaid benefits as a result of this consent

By checking NO and signing this document, I am refusing the use of these funds

- I understand that I have the right to refuse the permission to use these funds to pay for services under 34 CFR part 300, which are special education and related services under the Individuals with Disabilities Education Act

YES, I give the school permission to share this student's education and health-related information with Medicaid, including billing information
☐

NO, I do not give the school permission to share this student's education and health-related information with Medicaid
☐

Signed by
check only one

☐ Student (if over 18 years of age)
☐ Parent
☐ Guardian
☐ Custodian

Medicaid Editor

▶ Click here to expand...

Field	Description	Validation
YES, I give the school permission to share this student's education and health-related information with Medicaid, including billing information	Indicates the person gives permission to the school to share the student's information with Medicaid.	N/A

Field	Description	Validation
NO, I do not give the school permission to share this student's education and health-related information with Medicaid	Indicates the person does NOT give permission to the school to share the student's information with Medicaid.	N/A
Signed by	The person signing the Medicaid consent. Options include: • Student (if over 18 years of age) • Parent • Guardian • Custodian	Only one option can be selected.

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).

> 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 Delaware Plan eSignature Editors process article for additional information.

Prior Written Notice List Screen

▶ Click here to expand...

Prior Written Notice List Screen

Column Name	Description
Padlock Icon	Indicates the person editing the record.

Column Name	Description
Date Notice Provided	The date of the notice.
Description of why the School District is Proposing or Refusing to Take the Action	Displays the first 100 characters of the description from the detail screen.

Prior Written Notice Detail Screen

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

Prior Written Notice Detail Screen

Field	Description	Validation
Print Student PWN	Indicates the Prior Written Notice prints.	N/A
1. Description of the Action the School District Proposes or Refuses to Take *Required*	A description of the proposed action.	This field is limited to 8000 characters.

Field	Description	Validation
2. Explanation of Why the School District is Proposing or Refusing to Take the Action *Required*	An explanation of why the school is proposing or refusing to take action.	This field is limited to 8000 characters.
3. Description of Each Evaluation Procedure, Assessment, Record, or Report the School District Used in Deciding to Propose or Refuse the Action *Required*	A description of the evidence used to decide to propose or refuse action.	This field is limited to 8000 characters.
4. Description of Any Other Choices the IEP Team Considered and the Reasons Why Those Choices Were Rejected *Required*	A description of the choices considered and rejected by the IEP team.	This field is limited to 8000 characters.
5. Description of Other Reasons Why the School District Proposed or Refused the Action *Required*	Any other reasons why the school proposed or refused action.	This field is limited to 8000 characters.
This Notice is provided to you on *Required*	The date on which the notice was provided.	N/A
I waive the waiting period of 10 school days before implementation of the proposed action described in section 1 and agree that the proposed action described in section 1 can be implemented as soon as possible.	Indicates the person waives the waiting period before the implementation of the proposed action.	N/A