

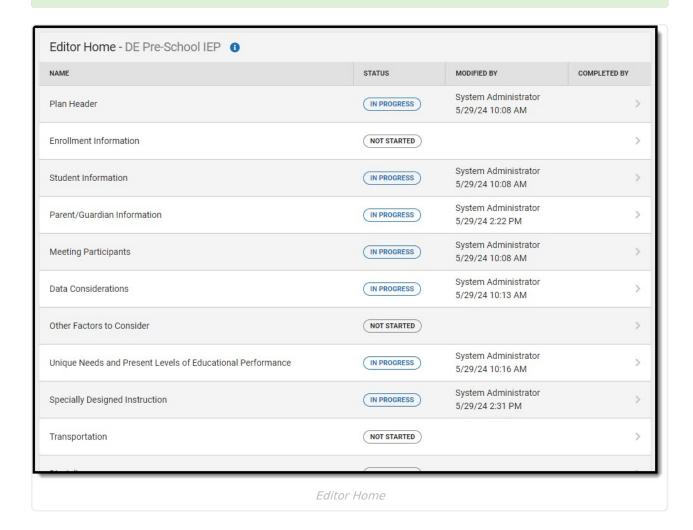
# Preschool Individual Education Plan (Delaware)

Last Modified on 06/27/2025 10:43 am CDT

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 <u>Plan and Evaluation Information</u> article.

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



### **Not Needed Status Information**

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



#### **Needed Status:**

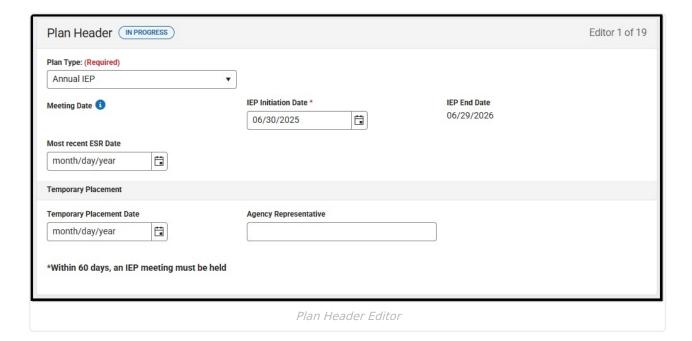
- Meeting Participants
- Data Considerations
- Other Factors to Consider
- Unique Needs/Present Levels/Annual Goals and Benchmarks
- Specially Designed Instruction

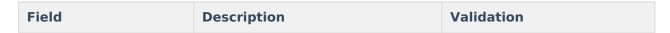
- Transportation
- Discipline
- Participation in Twelve Month Program
- ES\
- Educational Environment

### **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.





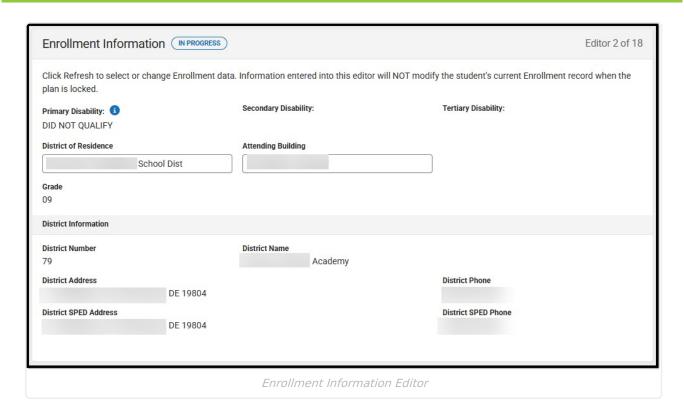


Field	Description	Validation	
Plan Type Required	The type of plan. Options include:  Annual IEP  Annual IEP/Reevaluation Eligibility Determination  IEP Meeting IEP Revision  IEP Revision/Reevaluation Eligibility Determination  Initial Eligibility Determination  Initial IEP  Initial IEP/Initial Eligibility Determination  PPPS Meeting  Reevaluation Eligibility Determination	N/A	
Meeting Date Read-only	The day the student's team met.	This field is populated from the Meeting Date selected on the Meeting Participants editor.	
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.	N/A	
Most Recent ESR Date	The date of the student's most recent Evaluation.	This field pulls in the date from the most recent, locked <a href="Evaluation">Evaluation</a> 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).





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 Evaluation document.



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 <u>Evaluation</u> document.
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 <u>Evaluation</u> document.
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	1	
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 3 of 18
When a Plan is generated, a sr	napshot of the student's informat	on is taken from Census. Click Refresh	to retrieve a new copy of data.	
Last Name	First Name	Middle Name	Suffix	
	Lesley	Andrea		
Birthdate	Student ID			
Address				
DE 1	19734			
Case Manager Information				
Name		Title		
System Administrator		(SPEDSTAFF)		
Phone				

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
Birthdate	The student's birthdate.	Demographics > Birth Date identity.birthDate



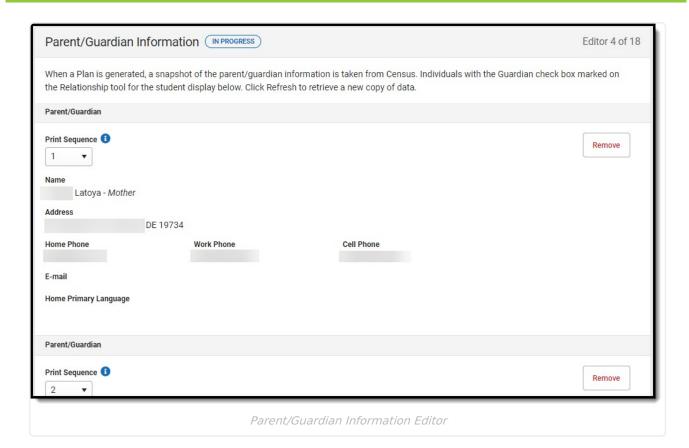
Field Name	Description	Database and UI Location (when Refreshed is clicked)
Student ID	The student's ID number.	Enrollment > Student Number identity.studentNumber
Address	The student's address.	Households > Address Info  address.number; address.street; address.tag; address.prefix; address.dir; address.apt; address.city; address.state; address.zip
Case Manage	r Information	
Name	The first and last name of the team member.	Student Information > Special Ed Team Members
Title	The role of the team member.	Student Information > Special Ed Team Members
Phone	The phone number of the team member.	Student Information > Special Ed Team Members

### **Parent/Guardian Information**

The Parent/Guardian Information editor pulls the contact information of the student's parent/guardian(s).

The **Refresh** button retrieves a fresh copy of data from the parent/guardian's record.



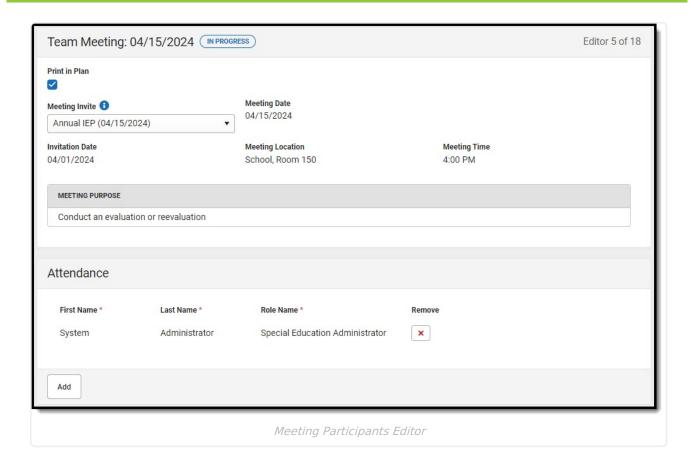


Field	Description
Print Sequence	The order in which the parent/guardian displays.
Name	The name of the parent/guardian.
Address	The address of the parent/guardian.
Home Phone	The parent/guardian's home phone.
Work Phone	The parent/guardian's work phone.
Cell Phone	The parent/guardian's cell phone.
Email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





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 <u>Meeting Invitation</u> 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 <u>Meeting Invitation</u> document.

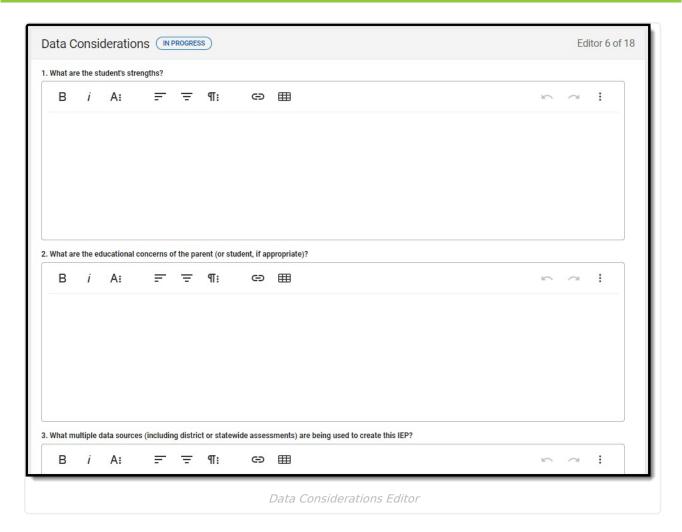


Field	Description	Validation
Meeting Purpose Read-only	The purpose of the meeting.	This field populates with the Purpose(s) from the locked <u>Meeting Invitation</u> document.
Attendance		
First Name	The first name of the team member.	This field populates from the Team Members on the selected Meeting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





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.

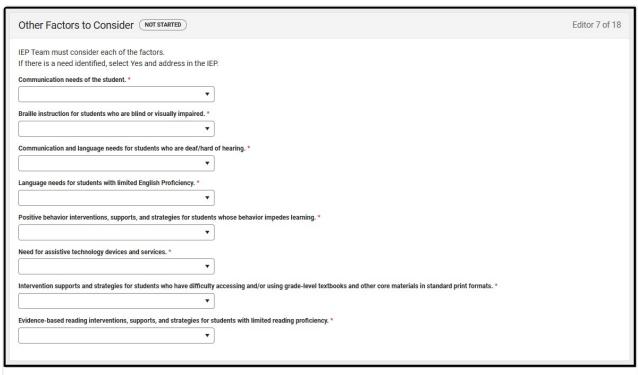


Field	Description	Validation
4. How does the child's disability affect the child's involvement and progress in the general education curriculum?  *Required	A description of how the student's disability impacts their progress in the general education curriculum.	*This field is required to Complete the 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.





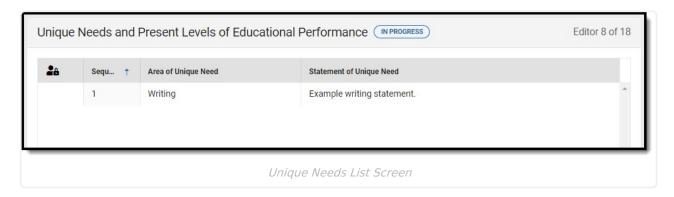
Other Factors to Consider Editor

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.



▶ Click here to expand...

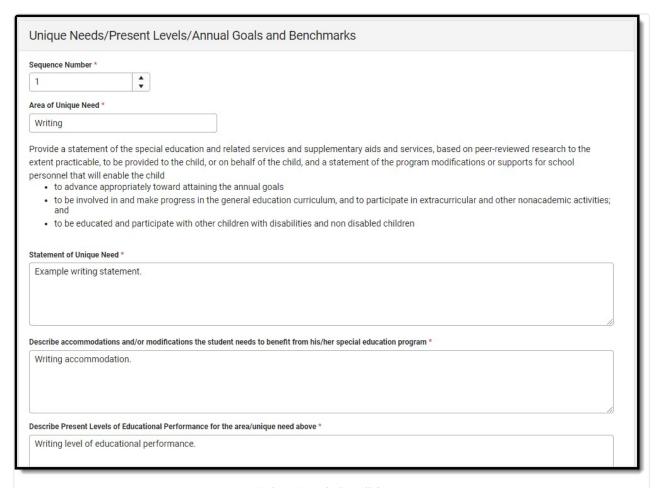
### Unique Needs/Present Levels/Annual Goals and Benchmarks List Screen

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 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.



▶ Click here to expand...

### **Specially Designed Instruction List Screen**

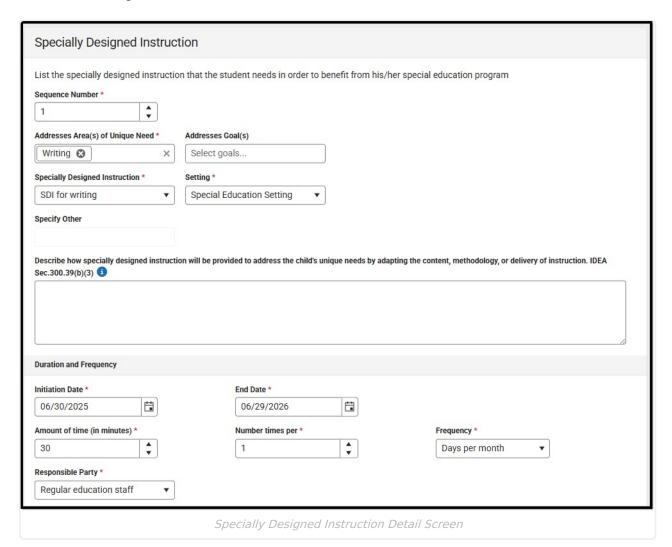
Column Name	Description
Padlock Icon	Indicates the person editing the record.
Sequence	The order of the record.
Specially Designed Instruction	The service provided to the student.



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.



FieldDescriptionValidationSequence<br/>Number<br/>RequiredThe order of the record.This field automatically<br/>sequences for each new entry.<br/>Each sequence number must be<br/>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:	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 Freq	uency	
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 day	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.





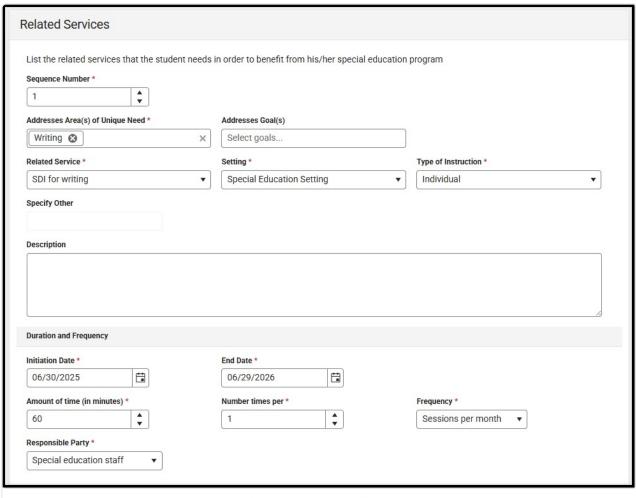
#### **Related Services List Screen**

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.
Related Service Required	The service provided to the student.	Ad hoc inquiries: deServices.relatedServices



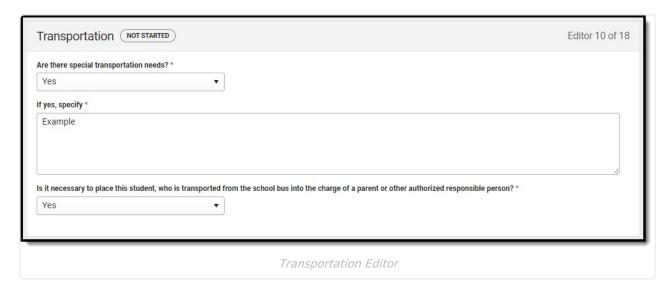
Field	Description	Validation
Setting Required	The location of service. Options are:  • General Education Setting • Special Education Setting	Ad hoc inquiries: deServices.Setting
Instruction Type Required	The type of instruction. Options include:  • I: Individual  • G: Group  • C: Consult	Ad hoc inquiries: deServices.instructionType
Describe	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. <b>Ad hoc inquiries</b> : deServices.description
<b>Duration and Fre</b>	quency	
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
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



Field	Description	Validation
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 day	Ad hoc inquiries: deServices.frequencyPeriod
Responsible Party Required	<ul> <li>Options include:</li> <li>Special education Staff</li> <li>Regular education staff</li> <li>Regular and special education staff</li> </ul>	Ad hoc inquiries: deServices.responsibleParty

### **Transportation**

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





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.

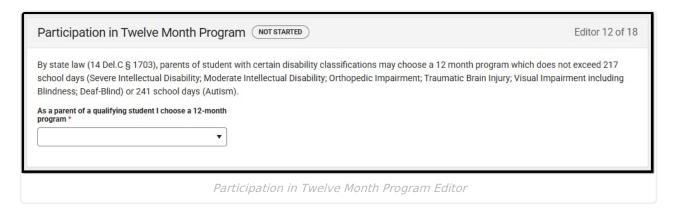




Field	Description	Validation
The student will adhere to School Code of Conduct	<ul> <li>Options include:</li> <li>Interventions and supports are described under services/supports and/or in goals</li> <li>Behavior intervention and support plan (see attached)</li> <li>Other</li> </ul>	Mark all that apply.
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.



### **ESY**

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



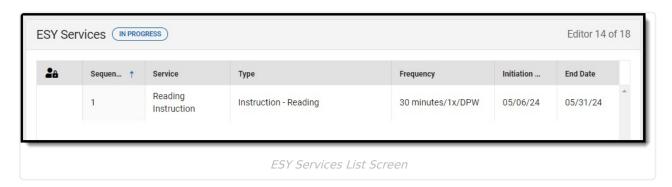
ISB 4		
<ul> <li>IEP team must consider each of the followi</li> <li>Regression/Recoupment</li> </ul>	ng factors	
Vocational Skills		
<ul> <li>Degree of Impairment</li> </ul>		
Breakthrough Skills     Extenuating Circumstances		
Is ESY needed? *		
ESY offered, but declined by parent	<b>T</b>	
H 20 M 50 M 20 M 20 M		
ationale for Decision *		
Nationale for Decision *		
ationale for Decision *		
Rationale for Decision *		
Rationale for Decision *		
Rationale for Decision *		
		6
f yes, describe ESY goal(s)		
Rationale for Decision *  If yes, describe ESY goal(s)  Specify Goals		

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.
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.



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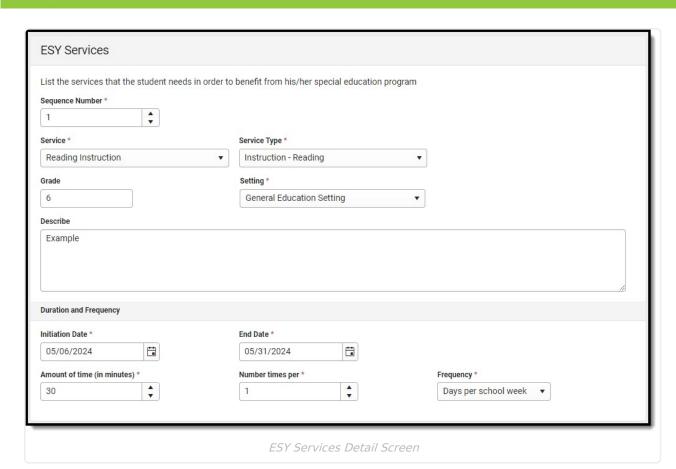
#### **ESY Services List Screen**

Column Name	Description
Padlock Icon	Indicates the person editing the record.
Sequence	The order of the record.
Service	The service provided to the student.
Туре	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.





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:	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.
<b>Duration and Freq</b>	uency	
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 day	N/A

### **Education Environment**

The Education Environment editor documents where the student receives services.





Educational Environment List Screen

#### **Educational Environment List Screen**

Column Name	Description
Padlock Icon	The user currently editing the record.
<b>Educational Environment</b>	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 UEDs)					
without disabilities (children  (A1) and receiving the	n not on IEPs) 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 sep	arate special education class				
(C2) specifically, a sep	(C2) specifically, a separate school				
(C3) specifically, a resi	(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					

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Field	Description	Validation
Check ONE Required	<ul> <li>(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)</li> <li>(A1) and receiving the majority of hours of special education and related services in the regular early childhood program</li> <li>(A2) and receiving the majority of hours of special education and related services in some other location</li> <li>(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)</li> <li>(B1) and receiving the majority of hours of special education and related services in the regular early childhood program</li> <li>(B2) and receiving the majority of hours of special education and related services in some other location</li> <li>(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)</li> <li>(C1) specifically, a separate special education class</li> <li>(C2) specifically, a separate special education class</li> <li>(C3) specifically, a residential facility</li> <li>(D) Children attending NEITHER a regular early childhood program NOR a special education program (NOT included in row sets A, B, or C)</li> <li>(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</li> <li>(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</li> </ul>	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.
<b>Building</b> <i>Required</i>	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		



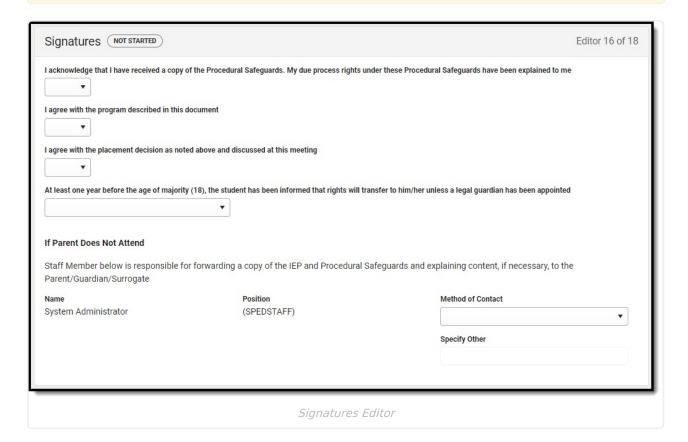
Field	Description	Validation
Use the options below to determine the appropriate setting	<ul> <li>A. Regular Setting includes pull-out related services and team classrooms. Student served inside the regular classroom greater than or equal to 80% of the day</li> <li>B. Services Provided Both in Separate 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</li> <li>C. Separate Special Education in an Integrated Setting Student served inside the regular classroom less than 40% of the day</li> <li>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</li> <li>E. Residential Facility where student resides during the school week</li> <li>F. Homebound or Hospital</li> <li>G. Correctional Facilities (only used by DSCYF and Prison Education) Students placed in a short-term detention or correctional facilities</li> </ul>	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 <u>Delaware Plan eSignature Editors</u> process article for additional information.



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
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



Field	Description	Validation
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 <u>Delaware Plan eSignature Editors</u> process article for additional information.



I hereby authorize this school <\$chool 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 valual fund services are not dependent on my authorization  - My signature is valual 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 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 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 request and receive from the school district or charter school a copy of the records that have been given to Medicaid  - 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 you 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 form  - By checking NO and signing this document, I am refusing the use of these funds to pay for services under 34 CFR part 300, which are special	Medicaid NOT STARTED Editor 17 of 18
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 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  Guardian	
benefits or insurance information to pay for services under 34 CFR part 300, which outlines special education and related services únder the Individuals With Disabilities Education Act  My signature is voluntary and services are not dependent on my authorization  My signature is voluntary and services are not dependent on my authorization  My signature is voluntary and services are not dependent on my authorization  My signature is voluntary and services are not dependent on my authorization  My signature is volid 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 receive a copy of 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	By checking YES and signing this authorization document, I understand and agree that
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	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 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	actions taken prior to receipt of such revocation
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	I have a right to receive a copy of this consent form
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	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
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	By checking NO and signing this document, I am refusing the use of these funds
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	
Signed by check only one  Student (if over 18 years of age) Parent Guardian	YES, I give the school permission to share this student's education and health-related information with Medicaid, including billing information
check only one  Student (if over 18 years of age) Parent Guardian	NO, I do not give the school permission to share this student's education and health-related information with Medicaid
check only one  Student (if over 18 years of age) Parent Guardian	
Student (if over 18 years of age) Parent Guardian	Signed by
Parent Guardian	check only one
Guardian	Student (if over 18 years of age)
0	
Custodiali	0
	Custoulaii

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
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

Medicaid Editor

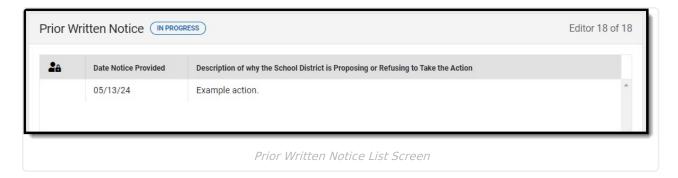


Field	Description	Validation
Signed by	The person signing the Medicaid consent. Options include:  • Student (if over 18 years of age)  • Parent • Guardian • Custodian	Only one option can be selected.

### **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 <u>Delaware Plan eSignature Editors</u> process article for additional information.



▶ Click here to expand...

#### **Prior Written Notice List Screen**

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

ior Written Notice
Print Student PWN
e Individuals With Disabilities Education Act ("the IDEA") and Delaware Department of Education regulations require the school district to provide a with written notice no less than ten (10) school days before the school district proposes to (or refuses to) initiate or change your identification, aluation, or educational placement, or the provision of a free appropriate public education. In cases involving a change of placement for a ciplinary removal, this notice must be provided no less than five (5) school days before the school district proposes to change your placement. You we rights available to you under Part B of the IDEA and Department of Education regulations. A copy of the Procedural Safeguards Notice issued by Delaware Department of Education is attached and describes your rights. This notice concerns the following
Description of the Action the School District Proposes or Refuses to Take *
xample action.
explanation of Why the School District is Proposing or Refusing to Take the Action *  /hy
Description of Each Evaluation Procedure, Assessment, Record, or Report the School District Used in Deciding to Propose or Refuse the Action *
escription
Description of Any Other Choices the IEP Team Considered and the Reasons Why Those Choices Were Rejected *
ther choices

#### 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.
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.



Field	Description	Validation
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