

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 [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 - DE Pre-School IEP | | | |
|--|-------------|--|--------------|
| NAME | STATUS | MODIFIED BY | COMPLETED BY |
| Plan Header | IN PROGRESS | System Administrator 5/29/24 10:08 AM | > |
| Enrollment Information | NOT STARTED | | > |
| Student Information | IN PROGRESS | System Administrator 5/29/24 10:08 AM | > |
| Parent/Guardian Information | IN PROGRESS | System Administrator 5/29/24 2:22 PM | > |
| Meeting Participants | IN PROGRESS | System Administrator 5/29/24 10:08 AM | > |
| Data Considerations | IN PROGRESS | System Administrator 5/29/24 10:13 AM | > |
| Other Factors to Consider | NOT STARTED | | > |
| Unique Needs and Present Levels of Educational Performance | IN PROGRESS | System Administrator 5/29/24 10:16 AM | > |
| Specially Designed Instruction | IN PROGRESS | System Administrator 5/29/24 2:31 PM | > |
| Transportation | NOT STARTED | | > |

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

IN PROGRESS

Editor 1 of 19

Plan Type: (Required)

Annual IEP

Meeting Date ⓘ

IEP Initiation Date *

IEP End Date

06/30/2025

06/29/2026

Most recent ESR Date

month/day/year

Temporary Placement

Temporary Placement Date

Agency Representative

month/day/year

*Within 60 days, an IEP meeting must be held

Plan Header Editor

► [Click here to expand...](#)

| Field | Description | Validation |
|-------|-------------|------------|
|-------|-------------|------------|

| Field | Description | Validation |
|---|---|---|
| Plan Type <i>Required</i> | The type of plan. Options include: <ul style="list-style-type: none"> • 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 <i>Read-only</i> | The day the student's team met. | This field is populated from the Meeting Date selected on the Meeting Participants editor. |
| IEP Initiation Date <i>Required</i> | 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 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 IN PROGRESS

Editor 2 of 18

Click Refresh to select or change Enrollment data. Information entered into this editor will NOT modify the student's current Enrollment record when the plan is locked.

Primary Disability: i

DID NOT QUALIFY

Secondary Disability:

Tertiary Disability:

District of Residence

School Dist

Attending Building

Grade

09

District Information

District Number

79

District Name

Academy

District Address

DE 19804

District Phone

District SPED Address

DE 19804

District SPED Phone

Enrollment Information Editor

► [Click here to expand...](#)

| Field | Description | Validation |
|---------------------------|--|---|
| Primary Disability | <p>The student's first disability. Options include:</p> <ul style="list-style-type: none"> • 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 | <p>This pulls in from the Section D: Eligibility Determination editor from the Evaluation document.</p> |

| 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 Evaluation 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 Evaluation 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 | | |
| 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 IN PROGRESS

Editor 3 of 18

When a Plan is generated, a snapshot of the student's information 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 19734 | | |

Case Manager Information

| | |
|----------------------|-------------|
| Name | Title |
| System Administrator | (SPEDSTAFF) |
| Phone | |

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 |
| 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 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
IN PROGRESS

Editor 4 of 18

When a Plan is generated, a snapshot of the parent/guardian information is taken from Census. Individuals with the Guardian check box marked on the Relationship tool for the student display below. Click Refresh to retrieve a new copy of data.

Parent/Guardian

Print Sequence ⓘ

1

Remove

Name

Latoya - Mother

Address

DE 19734

Home Phone

Work Phone

Cell Phone

E-mail

Home Primary Language

Parent/Guardian

Print Sequence ⓘ

2

Remove

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.

Team Meeting: 04/15/2024
IN PROGRESS
Editor 5 of 18

Print in Plan
☒

Meeting Invite ⓘ
Annual IEP (04/15/2024)

Meeting Date
04/15/2024

Invitation Date
04/01/2024

Meeting Location
School, Room 150

Meeting Time
4:00 PM

MEETING PURPOSE
Conduct an evaluation or reevaluation

Attendance

| First Name * | Last Name * | Role Name * | Remove |
|--------------|---------------|---------------------------------|----------------------------------|
| System | Administrator | Special Education Administrator | <input type="button" value="x"/> |

Add

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 <i>Read-only</i> | The day of the meeting. | This field populates from the locked Meeting Invitation document. |
| Invitation Date <i>Read-only</i> | The day of the invitation. | This field populates with the last Meeting Date from the locked Meeting Invitation document. |
| Meeting Location <i>Read-only</i> | The location of the meeting. | This field populates with the Meeting Location from the locked Meeting Invitation document. |
| Meeting Time <i>Read-only</i> | The time of the meeting. | This field populates with the Meeting Time from the locked Meeting Invitation document. |

| Field | Description | Validation |
|--|------------------------------------|---|
| Meeting Purpose <i>Read-only</i> | 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
IN PROGRESS
Editor 6 of 18

1. What are the student's strengths?

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2. What are the educational concerns of the parent (or student, if appropriate)?

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3. What multiple data sources (including district or statewide assessments) are being used to create this IEP?

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Data Considerations Editor

► [Click here to expand...](#)

| Field | Description | Validation |
|---|---|---|
| 1. What are the student's strengths? <i>*Required</i> | 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)? <i>*Required</i> | 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? <i>*Required</i> | 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? <i>*Required</i> | 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? <i>*Required</i> | A description of the student's educational needs based on their disability. | *This field is required to Complete the editor. |
| 6.Braille? <i>*Required</i> | 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 <i>*Required</i> | A description of why Braille instruction is 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

NOT STARTED

Editor 7 of 18

IEP Team must consider each of the factors.
If there is a need identified, select Yes and address in the IEP.

Communication needs of the student. *

Braille instruction for students who are blind or visually impaired. *

Communication and language needs for students who are deaf/hard of hearing. *

Language needs for students with limited English Proficiency. *

Positive behavior interventions, supports, and strategies for students whose behavior impedes learning. *

Need for assistive technology devices and services. *

Intervention supports and strategies for students who have difficulty accessing and/or using grade-level textbooks and other core materials in standard print formats. *

Evidence-based reading interventions, supports, and strategies for students with limited reading proficiency. *

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 and Present Levels of Educational Performance

IN PROGRESS

Editor 8 of 18

|  | Sequ... | Area of Unique Need | Statement of Unique Need |
|---|---------|---------------------|----------------------------|
| | 1 | Writing | Example writing statement. |

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 *

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 <i>Required</i> | The order of the record. | This field automatically sequences for each new entry. Each sequence number must be unique. |
| Area of Unique Need <i>Required</i> | 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 <i>Required</i> | 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 <i>Required</i> | 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 <i>Required</i> | 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: <ul style="list-style-type: none"> • 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 <i>Required</i> | The order of the record. | N/A |
| Benchmark <i>Required</i> | 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 IN PROGRESS | | | | | | | Editor 9 of 19 |
|---|-----------|--------------------------------|--------------------|---------------------------|----------------|----------|----------------|
|  | Sequ... ↑ | Specially Designed Instruction | Frequency/Duration | Setting | Initiation ... | End Date | |
| | 1 | SDI for writing | 30 minutes/1x/DPM | Special Education Setting | 06/30/25 | 06/29/26 | ▲ |

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. |

Specialty Designed Instruction Detail Screen

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

Specialty Designed Instruction

List the specialty designed instruction that the student needs in order to benefit from his/her special education program

Sequence Number *

1

Addresses Area(s) of Unique Need *

Writing

Addresses Goal(s)

Select goals...

Specialty Designed Instruction *

SDI for writing

Setting *

Special Education Setting

Specify Other

Describe how specialty designed instruction will be provided to address the child's unique needs by adapting the content, methodology, or delivery of instruction. IDEA Sec.300.39(b)(3)

Duration and Frequency

Initiation Date *

06/30/2025

End Date *

06/29/2026

Amount of time (in minutes) *

30

Number times per *

1

Frequency *

Days per month

Responsible Party *

Regular education staff

Specialty Designed Instruction Detail Screen


| Field | Description | Validation |
|---|--------------------------|---|
| Sequence Number <i>Required</i> | 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 <i>Required</i> | 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 <i>Required</i> | The service provided to the student. Options include: <ul style="list-style-type: none"> • 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 <i>*Required</i> | A description of the other service provided to the student. | <p>*This field is available and required when SDI for other is selected as the Specially Designed Instruction.</p> <p>This field is limited to 150 characters.</p> |
| Setting <i>Required</i> | The location of service. Options are: <ul style="list-style-type: none"> • 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 <i>Required</i> | 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 <i>Required</i> | 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) <i>Required</i> | The number of minutes the student receives the service. | N/A |
| Number times per <i>Required</i> | The number of times the student receives the service. | N/A |
| Frequency <i>Required</i> | The frequency of service. Options include: <ul style="list-style-type: none"> • 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 <i>Required</i> | The person responsible for administering the service. Options include: <ul style="list-style-type: none"> • 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 IN PROGRESS | | | | | | | Editor 10 of 19 |
|---|-------------|-----------------|--------------------|---------------------------|-----------------|----------|-----------------|
|  | Sequen... ↑ | Service | Frequency/Duration | Setting | Initiation Date | End Date | |
| | 1 | SDI for writing | 60 minutes/1x/SPM | Special Education Setting | 06/30/25 | 06/29/26 | |

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

List the related services that the student needs in order to benefit from his/her special education program

Sequence Number *

1

Addresses Area(s) of Unique Need *

Writing

Addresses Goal(s)

Select goals...

Related Service *

SDI for writing

Setting *

Special Education Setting

Type of Instruction *

Individual

Specify Other

Description

Duration and Frequency

Initiation Date *

06/30/2025

End Date *

06/29/2026

Amount of time (in minutes) *

60

Number times per *

1

Frequency *

Sessions per month

Responsible Party *

Special education staff

Related Services Detail Screen

| Field | Description | Validation |
|--|--|---|
| Sequence Number <i>Required</i> | 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 <i>Required</i> | 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 <i>Required</i> | The service provided to the student. | Ad hoc inquiries: deServices.relatedServices |

| Field | Description | Validation |
|---|--|--|
| Setting <i>Required</i> | The location of service. Options are: <ul style="list-style-type: none"> • General Education Setting • Special Education Setting | Ad hoc inquiries: deServices.Setting |
| Instruction Type <i>Required</i> | The type of instruction. Options include: <ul style="list-style-type: none"> • 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. Ad hoc inquiries: deServices.description |
| Duration and Frequency | | |
| Initiation Date <i>Required</i> | 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 <i>Required</i> | 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) <i>Required</i> | The number of minutes the student receives the service. | Ad hoc inquiries: deServices.time |
| Number times per <i>Required</i> | The number of times the student receives the service. | Ad hoc inquiries: deServices.numberTimes |

| Field | Description | Validation |
|---|---|--|
| Frequency <i>Required</i> | The frequency of service. Options include: <ul style="list-style-type: none"> • 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 |
| Responsible Party <i>Required</i> | Options include: <ul style="list-style-type: none"> • Special education Staff • Regular education staff • Regular and special education staff | Ad hoc inquiries: deServices.responsibleParty |

Transportation

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

Transportation
NOT STARTED

Editor 10 of 18

Are there special transportation needs? *

Yes

If yes, specify *

Example

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? *

Yes

Transportation Editor

► [Click here to expand...](#)

| Field | Description | Validation |
|--|--|--|
| Are there special transportation needs? <i>Required</i> | Indicates the student requires additional transport services. Options are Yes or No. | N/A |
| If yes, specify <i>*Required</i> | 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
NOT STARTED
Editor 11 of 18

The student will adhere to School Code of Conduct

Check below if any of the following are needed

☐ Interventions and supports are described under services/supports and/or in goals

☐ Behavior intervention and support plan (see attached)

☐ Other

Specify Other

Discipline Editor

► [Click here to expand...](#)

| Field | Description | Validation |
|-------|-------------|------------|
|-------|-------------|------------|

| Field | Description | Validation |
|--|---|---|
| The student will adhere to School Code of Conduct | Options include: <ul style="list-style-type: none"> 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. | <p>*This field is available and required when Other is selected above.</p> <p>This field is limited to 8000 characters.</p> |

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
NOT STARTED

Editor 12 of 18

By state law (14 Del.C § 1703), parents of student with certain disability classifications may choose a 12 month program which does not exceed 217 school days (Severe Intellectual Disability; Moderate Intellectual Disability; Orthopedic Impairment; Traumatic Brain Injury; Visual Impairment including Blindness; Deaf-Blind) or 241 school days (Autism).

As a parent of a qualifying student I choose a 12-month program *

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)

IN PROGRESS

Editor 13 of 18

IEP team must consider each of the following factors

- Regression/Recoupment
- Vocational Skills
- Degree of Impairment
- Breakthrough Skills
- Extenuating Circumstances

Is ESY needed? *

ESY offered, but declined by parent ▼

Rationale for Decision *

If yes, describe ESY goal(s)

Specify Goals

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

► [Click here to expand...](#)

| Field | Description | Validation |
|---|--|---|
| Is ESY needed? <i>Required</i> | Indicates ESY is needed. Options include: <ul style="list-style-type: none"> • Yes • No • ESY offered, but declined by parent | N/A |
| Rationale for Decision <i>Required</i> | A description of the decision rationale. | This field is limited to 8000 characters. |
| If yes, describe ESY goal(s) <i>*Required</i> | A description of the ESY goals. | <p>*This field is available and required when Yes is selected from the "Is ESY needed" dropdown.</p> <p>This field is limited to 8000 characters.</p> |
| Specify Goals <i>Read-only</i> | 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

IN PROGRESS

Editor 14 of 18

|  | Sequen... ↑ | Service | Type | Frequency | Initiation ... | End Date |
|---|-------------|---------------------|-----------------------|-------------------|----------------|----------|
| | 1 | Reading Instruction | Instruction - Reading | 30 minutes/1x/DPW | 05/06/24 | 05/31/24 |

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

List the services that the student needs in order to benefit from his/her special education program

Sequence Number *

1

Service *

Reading Instruction

Service Type *

Instruction - Reading

Grade

6

Setting *

General Education Setting

Describe

Example

Duration and Frequency

Initiation Date *

05/06/2024

End Date *

05/31/2024

Amount of time (in minutes) *

30

Number times per *

1

Frequency *

Days per school week

ESY Services Detail Screen


| Field | Description | Validation |
|---|--------------------------|---|
| Sequence Number <i>Required</i> | The order of the record. | This field automatically sequences for each new entry. Each sequence number must be unique. |

| Field | Description | Validation |
|--|---|------------|
| Service <i>Required</i> | The service provided to the student. <ul style="list-style-type: none"> • 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 <i>Required</i> | The type of service. <ul style="list-style-type: none"> • 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 <i>Required</i> | The location of service. Options are: <ul style="list-style-type: none"> • 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 <i>Required</i> | The first day of service. | This field populates with the Initiation Date from the Plan Header but can be modified as needed. |
| End Date <i>Required</i> | 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) <i>Required</i> | The number of minutes the student receives the service. | N/A |
| Number times per <i>Required</i> | The number of times the student receives the service. | N/A |
| Frequency <i>Required</i> | The frequency of service. Options include: <ul style="list-style-type: none"> • 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 IN PROGRESS | | | | | Editor 15 of 18 |
|---|---|-------------|-----------------|------------|-----------------|
|  | 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 <i>Required</i> | <ul style="list-style-type: none"> • (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) <ul style="list-style-type: none"> ◦ (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) <ul style="list-style-type: none"> ◦ (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) <ul style="list-style-type: none"> ◦ (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) <ul style="list-style-type: none"> ◦ (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 <i>Required</i> | A description of how the student participates with non-disabled peers in the early childhood program. | This field is limited to 8000 characters. |
| Building <i>Required</i> | The location of the setting. | This field is limited to 150 characters. |
| Initiation Date <i>Required</i> | The first day of the setting. | N/A |
| End Date <i>Required</i> | 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 style="list-style-type: none"> • 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 <i>*Required</i> | A description of how the student participates with non-disabled peers in the regular classroom. | <p>*This field is required when any selection is made in the K-12 section above.</p> <p>This field is limited to 8000 characters.</p> |
| 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

NOT STARTED

Editor 16 of 18

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

I agree with the program described in this document

I agree with the placement decision as noted above and discussed at this meeting

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

If Parent Does Not Attend

Staff Member below is responsible for forwarding a copy of the IEP and Procedural Safeguards and explaining content, if necessary, to the Parent/Guardian/Surrogate

| | | |
|----------------------|-------------|-------------------|
| Name | Position | Method of Contact |
| System Administrator | (SPEDSTAFF) | |
| | | Specify Other |
| | | |

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 |
| 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: <ul style="list-style-type: none"> • In Person • Via Email • Via Mail • Via Phone • Other | N/A |
| Specify Other <i>*Required</i> | 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.

Medicaid NOT STARTED

Editor 17 of 18

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 |
| 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 |

| Field | Description | Validation |
|------------------|--|----------------------------------|
| Signed by | The person signing the Medicaid consent. Options include: <ul style="list-style-type: none"> • 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
IN PROGRESS

Editor 18 of 18

|  | Date Notice Provided | Description of why the School District is Proposing or Refusing to Take the Action |
|---|----------------------|--|
| | 05/13/24 | Example action. |

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. |
| 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

☐ Print Student PWN

The Individuals With Disabilities Education Act ("the IDEA") and Delaware Department of Education regulations require the school district to provide you with written notice no less than ten (10) school days before the school district proposes to (or refuses to) initiate or change your identification, evaluation, or educational placement, or the provision of a free appropriate public education. In cases involving a change of placement for a disciplinary removal, this notice must be provided no less than five (5) school days before the school district proposes to change your placement. You have rights available to you under Part B of the IDEA and Department of Education regulations. A copy of the Procedural Safeguards Notice issued by the Delaware Department of Education is attached and describes your rights. This notice concerns the following

1. Description of the Action the School District Proposes or Refuses to Take *

Example action.

2. Explanation of Why the School District is Proposing or Refusing to Take the Action *

Why...

3. Description of Each Evaluation Procedure, Assessment, Record, or Report the School District Used in Deciding to Propose or Refuse the Action *

Description...

4. Description of Any Other Choices the IEP Team Considered and the Reasons Why Those Choices Were Rejected *

Other 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 <i>Required</i> | 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 <i>Required</i> | 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 <i>Required</i> | 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 <i>Required</i> | 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 <i>Required</i> | Any other reasons why the school proposed or refused action. | This field is limited to 8000 characters. |
| This Notice is provided to you on <i>Required</i> | 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 |