

# Plan eSignature Editors (South Dakota)

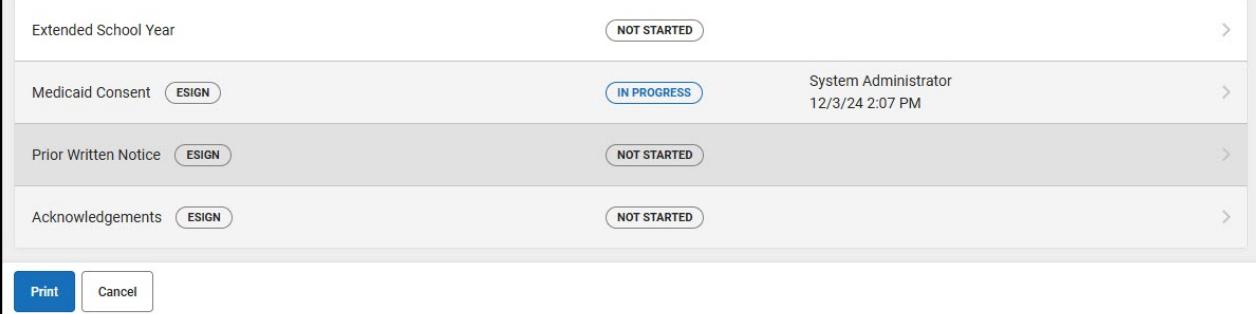
Last Modified on 12/14/2025 8:45 pm CST

[Medicaid](#) | [Prior Written Notice](#) | [Acknowledgments](#)

Tool Search: Special Ed Documents

The South Dakota Individual Education Plan can be sent to parents/guardians to electronically sign (eSign) on the Campus Parent Portal.

See the core [Special Ed eSignature Process](#) article for information on the overall process and setup for eSignature documents.



Editor Type	Status	System Administrator	Last Modified
Extended School Year	NOT STARTED		
Medicaid Consent	IN PROGRESS	System Administrator	12/3/24 2:07 PM
Prior Written Notice	NOT STARTED		
Acknowledgements	NOT STARTED		

South Dakota IEP Editor Home - eSign Editors

The Medicaid, Prior Written Notice, and Acknowledgements editors require parent/guardian eSignatures, which are indicated with an eSign label on the Editor Home. To send the plan to the student's parent/guardian, these editors must be placed in a **Complete Pending eSignature** or **Not Needed** status. All other editors must be in a **Complete** status.

See the [South Dakota Individual Education Plan](#) article for additional information about the fields and editors within the plan.

## Medicaid

The Medicaid Consent editor documents the parent/guardian's consent for the district to disclose the student's information to seek Medicaid funding. The editor is labeled as an eSign editor in the header.

Medicaid Number \*  
Physician's Name  
Physician's Phone Number  
 (\_\_\_\_) - \_\_\_\_ x \_\_\_\_Physician's Address  

The district must obtain written parental consent consistent with §24:05:29:13 prior to accessing a student's or parent's public benefits or insurance for the first time

**I understand the following:**

1. Personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided to a particular student)
2. Purpose of the disclosure (e.g., billing for services under state special education rules)
3. Disclosure will be made to the state Medicaid agency; and
4. As parents, I understand and agree that the public agency may access the parent's or student's public benefits or insurance to pay for services under state special education rules

I CONSENT for District to submit claims to Medicaid for covered services. I authorize Medicaid to make these payments to the District. I authorize the release of information from the District to Medicaid as necessary to request payment of benefits. I understand that if I have private health insurance, Medicaid has the right to recoup the costs from my private health insurance. I understand that these costs may count against the lifetime cap of my private health insurance. I further understand that I will not incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services. However, the district may pay the cost that I otherwise would be required to pay in order to access my public benefits or insurance, the district is still required to provide my child with all the services necessary to ensure FAPE at no cost to me

I understand that I may revoke this permission at any time by notifying the District in writing.

Refer to ARSD 24:05:14:01.02 through 24:05:14:01.06

I DO NOT CONSENT<sup>1</sup> for the District to submit claims to Medicaid for covered services

**For District Use**

Date consent was received by the district

 month/day/year *Medicaid Consent Editor*

1. Navigate to the Medicaid editor.
2. Determine whether the Medicaid consent is applicable for this student. If not, skip to step 7.
3. Enter the student's **Medicaid Number**. The Medicaid Number field is required before sending the plan for eSignature.
4. Optional: fill out the **Physician's Name**, **Physician's Phone Number**, and **Physician's Address**.
5. One of the two consent checkboxes will be marked by the parent/guardian when the plan is sent to the Parent Portal for eSignature.
6. The **Date consent was received by the district** field is typically left blank until after the parent/guardian eSigns the plan.
7. Click the down arrow next to the **Complete** button in the action bar. When Medicaid consent is not applicable, select Not Needed. When Medicaid consent is required, and all required fields are filled out on the editor, click **Complete Pending eSignature**. The editor is now in the correct status to send to the parent/guardian for eSignature.



# Prior Written Notice

The Prior Written Notice editor documents the team's actions regarding the student's special education needs. The editor is labeled as an eSign editor in the header.

Parental Resources

Date District Proposes to Implement the Above Actions  
month/day/year

**Five Calendar Day Notice Requirements**

I wish to waive the mandatory five calendar day waiting period  
 I DO NOT wish to waive the mandatory five day calendar waiting period

Changes noted in this prior written notice will start on  
month/day/year

If you have questions please contact

Contact Phone

Prior Written Notice

Given to parents  
 Sent to parents

Person Providing PWN

Date PWN Provided to Parent  
month/day/year

PWN Method of Delivery

*Prior Written Notice Editor*

1. Navigate to the **Prior Written Notice** editor.
2. Fill out all required fields and any additional fields needed.
3. The only fields the parent/guardian will fill out are under the Parental Resources header. They will select either of the **Five Calendar Day Notice Requirements checkboxes** and provide a signature.
4. After completing the rest of the editor, select the down arrow on the Complete button, then click **Complete Pending eSignature**. The editor is now in the correct status to send to the parent/guardian for eSignature. This editor cannot be placed in a Not Needed status.

# Acknowledgments

The Acknowledgments editor is usually filled out by the parent/guardian during the eSignature process. The editor is labeled as an eSign editor in the header.

Acknowledgements NOT STARTED ESIGN

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Discussed evaluation results/progress/assessment method	Student is eligible for special education and related services as determined by the IEP Team
Copy of evaluation results received	An annual copy of Parent/Guardian Rights was received and reviewed
Transition Planning Needed if yes, attach applicable transition pages	Date Parent/Guardian Rights received month/day/year <input type="button" value="Calendar"/>
	A copy of the IEP was provided to parent/guardian

1. Navigate to the **Acknowledgments** editor.
2. The only fields on the editor the parent/guardian does NOT fill out is the "**Student is eligible for special education or special education and related services as determined by the IEP team**" and the "**Transition Planning Needed**" field. Select Yes or No for these fields and leave the rest blank.
3. Select the down arrow on the Complete button, then click **Complete Pending eSignature**. The editor is now in the correct status to send to the parent/guardian for eSignature. This editor cannot be placed in a Not Needed status.

After marking all other editors as Complete or Not Needed, the plan is ready to send to the parent/guardian for eSignature. See the core [Special Ed eSignature Process](#) article for information on the rest of the eSignature process and setup for eSignature documents.