

**NHSEIS New Features – FY'19 Memo #9 Attachment**

**Document - Meeting Invitation Letter – Refer to FY'19 Memo #6**

The Meeting Invitation Letter is located in the student document section of NHSEIS.

The screenshot shows the NHSEIS web application interface. At the top, there is a dark blue header with the NHSEIS logo and the text "by PCG Education". To the right of the logo, it says "Welcome, Terry" and provides links for "My Calendar", "Message Board", "Send Us a Message", and "Logout". Below the header is a light green navigation bar with links for "Recent Students", "Wizards", "Smart Logbook", "Schools", "School System Info", "Users", "Super User", "My Profile", and "Student History". A secondary blue navigation bar contains links for "Student", "Contacts", "Eligibility Process", "IEP Process", "Services Plan Process", "Documents", and "Student History". The "Documents" section is active, showing a list of document types under the heading "Documents:". The "Letters:" section is also visible, with "Meeting Invitation Letter" selected. A blue arrow points to the "Meeting Invitation Letter" option. Below the "Letters:" section, there are two green buttons: "Create Draft (will be saved for 30 days) ?" and "Create Final Document (will be saved) ?".

**IEP Footer** – The IEP document now includes the date and time created.

**IEP - Signature Page – Entered on Finalized IEP - Refer to FY'19 Memo #6**

This page has been revised to reflect the changes to the New Hampshire Standards as of March 2017 as well as to include the IEP dates at the top of the page. Changes have been made to the Response section, the heading, the statement underneath the Parent's Response heading and the next section where the parent indicates a response with a check box.

<b>Student Name:</b> John L. Smith <b>DOB:</b> 12/01/2005	<b>NHTrain001</b> <b>IEP Meeting Date:</b> 01/31/2018
<hr/>	
<b>IEP Dates:</b> 01/31/2018-01/30/2019	
<hr/>	
<b>Representative of the Local Education Agency (LEA) Approval Of Provisions In the IEP</b>	
<hr/>	
I certify that the goals in the IEP are those recommended by the Team and that the indicated special education, related services, supplementary aids and services, accommodations and modifications will be provided.	
Signature of LEA Representative	Date
<b><u>Parent's Response to the Proposal for the IEP</u></b>	
Please indicate your response by checking the box(es) which reflect(s) your decision.	
<i>I understand that any portion(s) of the IEP that I accept will be implemented immediately.</i>	
I consent to the IEP as proposed	<input type="checkbox"/>
I refuse to consent to the IEP as proposed	<input type="checkbox"/>
I partially consent to the IEP as proposed	<input type="checkbox"/>
I have received the Procedural Safeguards Handbook: Yes <input type="checkbox"/> No <input type="checkbox"/>	
I refuse consent for the following activities or services in the proposed IEP:	
<hr/>	
<hr/>	
I request the following changes (additions or revisions) to the services or activities in the proposed IEP:	
<hr/>	
<hr/>	
<input type="checkbox"/> I request an IEP team meeting be convened within 21 calendar days to discuss what I refuse to consent to and/or the changes I have requested.	
<hr/>	
Signature of Parent/Guardian/ Surrogate/Adult Student	Date
Signature: _____	Date: _____
<i>Adult student's signature required once a student reaches age 18 unless there is a court appointed guardian.</i>	
<i>Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.</i>	
<hr/>	
<b>LEA Representative Signature:</b> _____ <b>Date:</b> _____	
<hr/>	
<b>LEA Representative Signature:</b> _____ <b>Date:</b> _____	
I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.	
<hr/>	
<b>Student Signature:</b> _____	<b>Date:</b> _____
<hr/>	
State of New Hampshire Individualized Education Program (IEP) <span style="float: right;">Page 12</span>	
Date Created: 07/23/2018 08:39	
<hr/>	
<b>Student Name:</b> John L. Smith <b>DOB:</b> 12/01/2005	<b>NHTrain001</b> <b>IEP Meeting Date:</b> 01/31/2018
I was informed of the parental rights under IDEA that transfer to my child at age 18.	
Parent Signature: _____	Date: _____




## IEP Process – Special Factors - Refer to FY'19 Memo #8

Changes were made to the Special Factors Page section to more closely align NHSEIS with the IDEA requirement for team considerations. The options in the drop down boxes have been changed and all text boxes have been removed.

### Special Factors

John L Smith

 **Instructions** - The IEP team must consider and answer all questions on this page. If you answer "yes" to any of the questions on this page you must complete the associated narrative.

**Note:** These are a non-exhaustive list of special factors. If the team determines in their consideration of special factors that the student needs a particular device, service, accommodation or modification in order for the child to receive a FAPE, the Department anticipates that the IEP will reflect that determination.

#### Behavior Needs

1. In the case of a child whose behavior impedes the child's learning and supports, and other strategies, to address that behavior?  Behavioral interventions  
 Child's behavior does not impede his/her learning or the learning of others

#### Language Needs

2. In the case of a child with limited English proficiency, did the team consider the language needs of the child as those needs relate to the child's IEP?

#### Blind or Visually Impaired

3. In the case of a child who is blind or visually impaired, did the IEP team determine, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instructions in Braille or the use of Braille is appropriate for the child?

#### Communication Needs

4. Does the child have communication needs?   
 Child does not have communication needs

If yes and this child is deaf or hard of hearing, the team considered the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

#### Assistive Technology

5. Does the child need assistive technology devices and services?

#### Medical, Sensory, or Physical Impairments

6. Does the student have medical, sensory, or physical impairments?

If yes, (a) what are they

Special Factors Question 7 yes a. text box

(b) what is needed or being done or cite to relevant sections of the IEP?

Special Factors Question 7 yes b. text box

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**Removal of the ISP, as NHSEIS has a separate Services Plan Process**

In the student IEP Process / IEP Cover Page / Reason for meeting section.

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**IEP Cover** John L Smith

**IEP Information**

IEP Meeting Date	01/31/2018
IEP Begin Date	01/31/2018
IEP End Date	01/30/2019
Reason for meeting	<input checked="" type="checkbox"/> Annual Review <input type="checkbox"/> Court Ordered <input type="checkbox"/> Placement <input type="checkbox"/> IEP Amendment <input type="checkbox"/> Stay Put <input type="checkbox"/> Initial IEP <input type="checkbox"/> Extended Year <input type="checkbox"/> Re-evaluation



**IEP Process – State & District Assessment - New Hampshire State Assessment – NHSAS and Accommodations - Refer to FY’19 Memo #7**

**NHSAS offers three types of supports to benefit student access to the assessment: Universal Tools, Designated supports, and Accommodations.**

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[PCG](#) | [Student](#) | [Contacts](#) | [Eligibility Process](#) | [IEP Process](#) | [Services Plan Process](#) | [Documents](#) | [Student History](#)


**Assessment Participations** John L Smith

**Instructions** - Use this page to indicate the student's participation is state and district testing, as well as accommodations required. First, select the participation level for each type of assessment. Then, based on your selection, you may see buttons to add accommodations or complete an alternate assessment justification.

Note: The Smarter Balanced and NECAP accommodations have been loaded into NHSEIS already and can be accessed by clicking Add from List.

**Warning** One of the required IEP dates has not been entered on the IEP Cover Page. Please return to the IEP Cover Page and enter all required information. Functions such as 'Show Section' and 'Save & Continue' are not available unless the IEP dates have been entered.

Participation Area	Participation Level	Accommodations/Modifications
NH Statewide Assessment System (NH SAS)	General Assessment <b>General Assessment with Designated Support and/or Accommodations</b> Alternate Assessment based on Alternate Achievement Standards Not Administered at this Grade Level <input type="button" value="Add From List"/> <input type="button" value="Add Custom"/>	 There are no NH Statewide Assessment System (NH SAS)
NECAP Science Only	General Assessment	 There are no NECAP Science Only



**IEP Process – Services, Aids & Support -Special Education Services – Refer to FY’18 Memo #35**

**This feature increases the capacity for understanding specially designed instruction in skill related areas.**

Main Menu | Students | Recent Students | Wizards | Smart Logbook | Schools | School System Info | Users | Super User | My Profile | Send Us A Message

PCG Student Contacts Eligibility Process IEP Process Services Plan Process Documents Student History


**Add Special Ed Services** John L Smith

Special Ed Services	Num Sessions	Session Length	Setting
None	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Adaptive PE	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Behavior Management - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Executive Functioning Skills - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Functional Life Skills - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Mathematics - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Reading - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Social Skills - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Speech/Language Pathology-Group	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Speech/Language Pathology-Individual	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Vocational Education - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
Written Expression - Specially Designed Instruction	<input type="text"/> per day	<input type="text"/> min	<input type="text"/>

*Note: A blue arrow points to the 'None' option in the dropdown menu.*

**ns** **Session Length** **Location**

ns	Session Length	Location
<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
<input type="text"/> per day	<input type="text"/> min	<input type="text"/>
<input type="text"/> per day	<input type="text"/> min	<input type="text"/>

 To add more than 4 services of any one type, you must update the database, then return to this page.

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