

New Hampshire Special Education System (NHSEIS)

Designed for Special Education Teachers, Related Service Providers, & Others



Table of Contents	Slide		Slide
Main Menu Bar	3	Supplementary Aids	31
Main Menu Page	4,5	Supplementary Services	32
Helpful Need to Know Basics	6	Supports for Personnel	33
Student Menu – Student Information	7	Transportation	34
Student Menu – Contacts	8	Non-Participation Justification	35
Student Menu – Eligibility Process	9-14	Extended School Year Program	36,37
Student Menu – Student History	15	Program Placement	38,39
Student Menu – IEP Process	16	Creating and Finalizing the IEP	40,41
IEP Team	17	Finalize the IEP – Parent Response by District	42
IEP Cover	18	Finalize the IEP – NHSEIS Connect Parent Portal	43-46
Present Levels	19,20	Documents	47
Special Factors	21	Evaluation Summary	48
Transition Planning	22-24	IEP Meeting Notice	49,50
Goals & Objectives	25,26		
Accommodations and/or Modifications	27-29		
Services, Aids & Supports – Special Education and Related Services	30		

Main Menu Bar

NHSEIS by PCG Education Welcome, Joanne | My Caseload | My Calendar | Message Board | Send Us a Message | Logout

[Main Menu](#) |
 [Students](#) |
 [Recent Students](#) |
 [Wizards](#) |
 [Smart Logbook](#) |
 [Schools](#) |
 [School System Info](#) |
 [Users](#) |
 [My Profile](#) |
  |
 [Send Us A Message](#) |
 [PCG](#)

Main Menu

Students

- Select Student
 - ⇒ Caseload Student List

Recent Students

-  Student List most recently accessed

Schools



Lists the Schools in NHSEIS that are part of the SAU



Users: [Criteria for Selecting Users to View](#)

- Shows user information, includes school users that can be assigned as a Case Manager or IEP team member

My Profile:

 My Goal/Objective Bank: [Goal Text](#) [Objective Text](#)

 My Documents:

Date Created	Created By	Student	Document
07/23/2020	Joanne DeBello	John New Doe	Eligibility Determination Document

 My Info: [Update Information](#)

Calendar Icon: View SAU Calendar 

Send Us A Message: [Send Us a Message](#)

-  Send NHSEIS message answered by NHDOE Staff



Main Menu Page

Message of the Day

- NHDOE Messages
- Available NHSEIS trainings
- Maintenance Schedule (site down)

My Messages

Messages sent through "Send Us A Message"

My Schools

- My Students - List of Students on caseload
- Click Student name to access Student Record

My Reports

Reports created in the NHSEIS system by User

My Compliance

Compliance Symbol - hover for student count and percentage

Students by Disability

Disability Graph - hover for student count and click for student list

Message of the Day

[Edit Message](#)

NHSEIS Messages

6/30/2020 T.Hersh. Currently the NHSEIS Connect feature is pushing proposed IEPs to the Parent Portal on the start date of the IEP. PCG, the NHSEIS software company is working to have NHSEIS Connect push the proposed IEPs to the Parent Portal to-do list on the meeting date. This proposed IEP in the parent portal to-do list allows parent, guardian or adult student to enter IEP response and signature. PCG is also working on updating the parent response

My Messages

New Messages [Send Message](#) [View All Messages](#)

You Have No New Messages

My Schools

All Schools (70 Schools)

- 8.3 Test School
- 8.5 Test School
- 8.7 Test School AR
- A. Crosby Kennett Middle School
- Abbot-Downing School
- Academy Of Learning And Technology

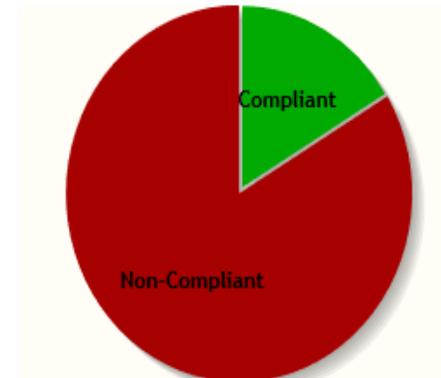
My Reports

All Reports

No reports have been generated yet for Joanne DeBello.

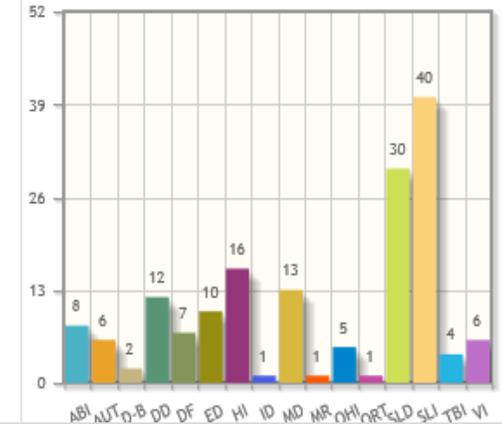
My Compliance

Overall Compliance



Students by Disability

Students at All Schools





Main Menu Page



Students with Plans

Hover for count of students

Click for student list

- Referral
- Consent
- Eligible
- IEP
- ISP



Students with Past Due Dates

Hover for count of students

Click for student list

- Consent
- Eligibility
- IEP
- ISP



Documents

Click and Open

- Information and Guidance document

The screenshot displays the NHSEIS main menu page. It features two bar charts at the top and a documents table below.

Students with Plans: Students at All Schools

Category	Count
Referral	16
Consent	18
Eligible	57
IEP	94
ISP	11

Students with Past Due Dates: Students at My School Areas

Category	Count
Consent	109
Eligible	127
IEP	137
ISP	11

Documents

Navigation: [Delete/Update Documents](#) | [Upload File\(s\)](#) | [Review the License Agreement](#)

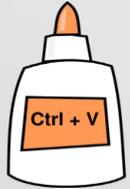
Del	Pos	New Pos	File Type Category	Date Uploaded	Uploaded By	File Name
<input type="checkbox"/>			General Files	07/16/2020	Terry 1 Hersh	6_5_20_NHEIScopy_draft.pptx
<input type="checkbox"/>	1		General Files	03/30/2020	Terry 1 Hersh	NHSEIS Manual May 8 2018.pdf
<input type="checkbox"/>	2		General Files	04/09/2020	Terry 1 Hersh	NHSEIS Manual May 8 2018.pdf



HELPFUL “Need to Know” Basics

Enter information in the order of the **Menu Bar** and Sub-Menu’s or buttons.

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Gen. Accommodations & Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP



NHSEIS has a copy/cut/paste feature in text boxes, including with Microsoft Office.

NHSEIS has a  button to click for spell check.

NHSEIS **does not save automatically.** Click save to stay on page, save and continue to move to next page or update the database. Save often.



NHSEIS generates error messages to help guide needed corrections.



Student Menu Page – Student Information

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

My Schools

My Students (2 Students)

- [Johnny April2019](#)
- [John New Doe \(Click on Student\)](#)

Opens student record on the **STUDENT INFORMATION** page:

Student is **I4SEE VALIDATED** when NHSEIS and i4see are the same for:

- ★ Name
- ★ Date of Birth
- ★ SASID #
- ★ Gender
- ★ Ethnicity
- ★ LEP Status

This information **CANNOT** be changed.

Remaining **DEMOGRAPHIC INFORMATION** entered into NHSEIS is:

- ★ District of Liability
- ★ Town of Residence

Click on **Update the Database**

Demographic Information ★ = i4see Validated Information ★ = Demographic Information to Enter

★ Name:	First: John	Middle:	Last: Doe	Suffix:	*
Student ID:	2097717 *	★ SA SID:	0000034680 *		
★ Date of Birth:	03/11/2008 * (Age: 12 Years)	Place of Birth:		?	
★ Gender:	Male	★ Prim. Language:	English		
★ Grade:	9th ?	★ Language of Instruction:	English	?	
★ School:	High School ?	★ Hispanic/Latino Ethnicity:	No *		
Length of School Day:	5.50 hour(s) (Std)	★ Race: *	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
★ District of Liability: ?	Concord	★ Town of Residence: ?	Concord		

Additional Information

<input type="checkbox"/>	Check this box if student is Responsible (student has parent 's rights)
<input type="checkbox"/>	Check this box if the student has limited English proficiency.
No	Student was transferred to NHSEIS from ESS
Yes	Student Information Validated with I4See ★



Student Menu - Contacts

Student **Contacts** 1 Eligibility Process IEP Process Services Plan Process Documents Student History

Parents/Guardians *SCREEN 1, PARENTS/GUARDIANS*

Name *	Relation ?	Home Ph ?	Work Ph ?	Cell Ph ?	4
Gertrude Doe	Mother	603-110-5555	603-111-5555	603-112-5555	Details
Harold Doe	Father	603-220-5555	603-221-5555	603-222-5555	Details

Update the Database 3

2 **Add New Parent/Guardian** **Associate with Existing Parent/Guardian**

Click to enter parents/guardians above

SCREEN 2, DEMOGRAPHIC INFORMATION

Full Name: Gertrude Doe *

Title: Ms. v

Relationship: Mother v *

Language: English v ?

Address: 2 Park Avenue ?

City, State, Zip Code: Concord ? NH ? 03301 ?

Home Phone: 603-110-5555 ? v v

Home Fax: v ?

5

Student Lives Here ?

Guardian Responsibility ?

Has Separate Mailing Address

Include on IEP Team ?

Include on RTI Team

Include on DP Team

Work Phone: 603-111-5555 ? v v

Work Fax: v

Cell Phone: 603-112-5555 ? v v

Other Phone: v ? v v

E-Mail: gdoe@email.com ?

6 **Update the Database**

- Here's what to do- (follow the numbers):*
- 1 Click on **Contacts** to get to *SCREEN 1*.
 - 2 Click on **Add New Parent/Guardian**.
 - 3 Add parent/guardian information and click on **Update the Database**.
 - 4 Click on **Details** to get to *SCREEN 2*.
 - 5 Add demographic information.
 - 6 Click on **Update the Database** and return to *SCREEN 1*.
 - 7 Repeat steps 4-6 for next parent, if applicable.



Student Menu – Eligibility Process

SCREEN 1, COVER PAGE

Enter Referral **2***

Parent Consent to Evaluate

Assessment & Evaluation

Eligibility Determination

Here's what to do- (follow the numbers):

- 1 Click on **Eligibility Process** to get to *SCREEN 1*.
- 2 Click on **Enter Referral** to get to *SCREEN 2*.
- 3 Enter the **Referral Date:**
- 4 Enter the **Referral Source:** – text box.
- 5 Check box to **Confirm Referral**
- 6 Click on **Save and Continue**.

REFERRAL

SCREEN 2, ENTER REFERRAL

Instructions - Use this page to record the student's *initial* referral to Special Education. This information need only be entered once unless the student exits Special Education and returns later. ***ENTER REFERRAL AFTER SCHOOL RECEIVES CONSENT TO EVALUATE.***

Referral Date: **3**
 Referral Source: **4**
 Confirm Referral **5**

6



Student Menu – Eligibility Process

- ▶ Student
- ▶ Contacts
- Eligibility Process 1**
- IEP Process
- Services Plan Process
- Documents
- Student History

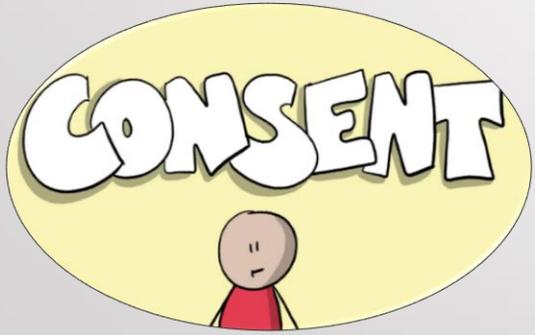
PARENT CONSENT TO EVALUATE

SCREEN 1, COVER PAGE

Parent Consent to Evaluate **2**

Here's what to do- (follow the numbers):

- 1 Click on **Eligibility Process** to get to **SCREEN 1**.
- 2 Click on **Parent Consent to Evaluate** to get to **SCREEN 2**.
- 3 Enter the **Consent to Evaluate Date:** . *
- 4 Select **YES** or **NO** for **Consent Granted:** . *
- 5 Check box to **confirm:** .
- 6 Select **YES** if **this an Initial Evaluation** or **NO**, if otherwise.
- 7 Click on **Save and Continue** .



SCREEN 2, ENTER PARENT CONSENT INFORMATION

* The date the school received the parent consent to evaluate begins the **60-day timeline** from this date in NHSEIS to the ELIGIBILITY DETERMINATION MEETING.

* Checking "No" due to parent refusal to evaluation will clear the referral and parent consent fields.

Current Parent/Guardian Consent to Evaluate Information

Current Parent/Guardian Consent to Evaluate Date:	07/01/2020	Projected Parent/Guardian Consent to Evaluate Date:	Not Applicable
---	------------	---	----------------

New Parent/Guardian Consent to Evaluate Information

New Parent/Guardian Consent to Evaluate Date: **3** * Consent Granted: **4** YES NO * Check to confirm: **5**

Initial Evaluation

Is this an Initial Evaluation? *Select "yes" for an initial evaluation, otherwise select "no."* YES NO **6**

<<Back Save Save and Continue >> **7**



Student Menu - Eligibility Process

SCREEN 1, COVER PAGE

Assessment & Evaluation **2**

EVALUATION SUMMARY

Evaluation area	Date of new OR prior evaluation completed	Review date of new OR prior evaluation. *NHSEIS uses current date*	Type a summary of the testing results. (text box)	Select the title of the examiner who administered the assessment.
Evaluation Summary 3				
Component	Date Completed	Most Recent Review Date	Evaluation Result	Qualified Examiner
Academic Performance	07/04/2020	07/04/2020	SS means Standard Score (average range is 85-115) Academic (WJ-III)- 3/11/20 - Reading: Comprehension	Certified Educator
Adaptive Behavior	<input type="text"/>	<input type="text"/>	<input type="text"/>	-Select-
Communication Skills	<input type="text"/>	<input type="text"/>	<input type="text"/>	-Select-
Health	07/11/2020	07/11/2020	Diagnosed as having hyperactivity, but no issues with attention.	Professional Licensed to provide a Health Evaluation

TEST RESULTS



Student Menu – Eligibility Process

EVALUATION REPORT DATE

BOTTOM SCREEN OF PREVIOUS THE SLIDE



Enter the date of the written Evaluation Report indicating all evaluations have been completed.

Evaluation Report * Enter the date **ON or AFTER** all evaluations are completed.

Evaluation Report Date: _____ **1***

<<Back Save and Continue >>

2

Here's what to do- (follow the numbers):

- 1** Enter the **DATE ON OR AFTER** all information is entered into the **Evaluation Summary** .
- 2** Click on **Save and Continue** .

This date should be **at least 5 days before the meeting**, since all testing must be completed before or by that time.

The **EVALUATION SUMMARY REPORT DOES NOT** replace the requirement of sending complete evaluations home 5 days before the eligibility determination meeting.





Student Menu – Eligibility Process

SCREEN 1, COVER PAGE

Eligibility Determination **2**

Here's what to do- (follow the numbers):

- 1** Click on **Eligibility Process** to get to **SCREEN 1**.
- 2** Click on **Eligibility Determination** to get to **SCREEN 2**.
- 3** Enter the **DATE OF ELIGIBILITY MEETING**.*
- 4** Select **YES** if eligible for special education services or **NO** if not, and **STOP**.*
- 5** If yes, select **DISABILITY IDENTIFICATION(S)**.*
- 6** Click on **Check Errors**.
- 7** Click on **Create Draft Eligibility** to get to **SCREEN 3**.
- 8** Option to view draft, click on **Continue** to get back to **SCREEN 2**.
- 9** Click on **Check Errors**.
- 10** Click on **Create Proposed Eligibility** to get to **SCREEN 4**.
- 11** Option to view final document, click on **Continue** to get back to **SCREEN 2**.

* Non-eligibility will clear the referral date and parent/guardian consent to evaluate date.

SCREEN 2

3* New Eligibility Date: 07/15/2020

4* Eligible? Yes

5* New Disability Identifications:

Primary: -none-
 Secondary: Emotional Disturbance, Multiple Disabilities, Other Health Impairments
 Third: Traumatic Brain Injury

6+9 Check Errors

7 Create Draft Eligibility

8 <<Back

* This date needs to be within 60-days from the consent to evaluate.

* Select disability. Required evaluations must be completed.

SCREEN 3, BACK TO SCREEN 2, CLICK **Continue**

8 Click here to view the Eligibility Determination Document

Note: Draft documents are not official documents. They are intended for review only.

BACK TO SCREEN 2

Doc ID	Date Generated ?	Generated By	Document ?	Status
7100	07/23/2020	Joanne DeBello	Eligibility Determination Document	(Draft)

10 <<Back Create Draft Eligibility Create Proposed Eligibility

SCREEN 4, BACK TO SCREEN 2, CLICK **Continue**

11 Proposed Eligibility Determination Meeting: 07/15/2020 Begin: 07/15/2020 End: 07/15/2023

Click here to view the Eligibility Determination Document

BACK TO SCREEN 2

Doc ID	Date Generated ?	Generated By	Document ?	Status
6874	08/07/2020	Joanne DeBello	Eligibility Determination Document	Response



Student Menu – Eligibility Process

ELIGIBILITY DETERMINATION

SCREEN 1, PARENT RESPONSE

Doc ID	Date Generated ?	Generated By	Document ?	Status
7105	07/24/2020	Joanne DeBello	Eligibility Determination Document	1 Response

SCREEN 2, PARENT RESPONSE

This Proposed Eligibility Determination was: Parent consents to eligibility finding Parent does not consent to eligibility finding **2**

Parent Signing: **3**

Date of Signature: **4**

Eligibility Exceptions/Notes: Text box to record pertinent information.

Save & Continue **5**

Here's what to do- (follow the numbers):

- 1** Click on Response to go to **SCREEN 2**.
- 2** Select **PARENT DECISION** for **CONSENT**.
- 3** Select the **PARENT** who **SIGNED** for consent.
- 4** Enter the **DATE** of the signature.
- 5** Click on Save and Continue.



Student Menu – Student History

[▶ Student](#)
[▶ Contacts](#)
[Eligibility Process](#)
[IEP Process](#)
[Services Plan Process](#)
[Documents](#)
1 [Student History](#)

Student History John New Doe (▲)

Here are the events from the Student History- (follow the numbers):

- 1** Click on [Student History](#) to see the following events in order from bottom to top:
- 2** REFERRAL
- 3** PARENT/GUARDIAN CONSENT TO EVALUATE
- 4** PROPOSED ELIGIBILITY DETERMINATION
- 5** ELIGIBILITY DETERMINATION – PARENT RESPONSE

Event ID	Event Date*	Event Type	Begin Date	End Date	User	Document	Date Created	
6866	07/15/2020	Eligibility Determination	07/15/2020	07/15/2023	Joanne DeBello	Eligibility Determination Document (ID# 7105)	07/24/2020 14:56 (0 days)	Details
6865	07/15/2020	Proposed Eligibility Determination	07/15/2020	07/15/2023	Joanne DeBello	Eligibility Determination Document (ID# 7105)	07/24/2020 12:47 (0 days)	Details
6864	06/01/2020	Parent/Guardian Consent to Evaluate	06/01/2020	07/14/2020	Joanne DeBello		07/24/2020 12:22 (0 days)	Details
6779	01/20/2020	Referral	06/01/2020		John Smith		06/12/2020 12:13 (42 days)	Details

5
4
3
2

Click on [Details](#) for more about the event.

Oldest to most current event.

Legend: = Currently Valid Eligibility



Student Menu - IEP Process

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

IEP Team ✓	Services, Aids & Support ✓
IEP Cover Page ✓	Non-Participation Justification ✓
Present Levels ✓	State & District Assessment ✓
Special Factors ✓	Extended School Year ✓
Transition Planning ✓	Program Placement ✓
Goals & Objectives ✓	Create Draft IEP
Gen. Accommodations & Modifications ✓	Create Proposed IEP

This screen has the links to each section of the IEP displayed in two columns.

IEP Process Menu

Both tabs (above) and menu are in the same order.

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Gen. Accommodations & Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP



Student Menu – IEP Process



1	<input checked="" type="checkbox"/>													
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP	

IEP Team *S C R E E N 1*

Case Manager:

Name	Relationship
Gertrude Doe	Mother
Harold Doe	Father

2

S C R E E N 2 , I E P T E A M S E L E C T I O N

Please check off the check box next to each person's name that you wish to include on the IEP TEAM

Case Manager: District Administrator

Parents, etc. who will receive IEP Information

Parent Name(s)	Relationship
<input checked="" type="checkbox"/> Gertrude Doe	Mother
<input checked="" type="checkbox"/> Harold Doe	Father

Other Users who can access IEP Information

User Name	View Only?
<input type="checkbox"/> District Admin 3 *	<input type="checkbox"/> View Only
<input type="checkbox"/> Appscan Admin	<input type="checkbox"/> View Only

4

Here's what to do- (follow the numbers):

- 1** Click on **IEP TEAM** in the menu to go to *S C R E E N 1*.
- 2** Click on to go to *S C R E E N 2*.
- 3** Check the box of NHSEIS users to add to the IEP Team.
*Note: User's must have access at the student's school.
- 4** Click on .



Student Menu – IEP Process

 [IEP Cover Page](#)

	1													
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP	

IEP Information

IEP Meeting Date		<input type="text"/>		
IEP Begin Date	2	<input type="text"/>		*On or after meeting date
IEP End Date		<input type="text"/>		
Reason for meeting	3	<input 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		

<<Back
Save
Save and Continue >>
4

Here's what to do- (follow the numbers):

- 1** Click on **IEP COVER PAGE** in the menu.
- 2** Enter **IEP MEETING DATE** and **BEGIN * & END DATE**.
* If IEP Amendment is selected, enter the amendment date.
- 3** Check the box(s) next to the **REASON(S)** for the meeting.
* The information below populates from **CONTACTS**.
- 4** Click on Show Section to see the cover and then Save and Continue.



Student Menu - IEP Process



Present Levels

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

Click here

Remember, NHSEIS DOES NOT SAVE AUTOMATICALLY. Click on **Save** often to prevent loss of information.

1 Describe the student's **STRENGTHS** with one or more relating to education.

2 Describe the student's **ACADEMIC NEEDS**.

3 Describe the student's **DEVELOPMENTAL NEEDS** in comparison to normal peers.

4 Describe the student's **FUNCTIONAL NEEDS**.

Present Levels of Academic Achievement and Functional Performance

1. Describe the Student's Strengths: John is a kinesthetic learner. He is a visual learner with pictures. He has non-verbal reasoning abilities. John has a rich vocabulary in both variety and complexity. John has extremely good listening skills and ability to memorize information. He is

Save

2. Describe the student's academic needs: John has poor reading decoding skills affecting pace and some comprehension. Given grade level tasks, he cannot read 2 to 3 words per sentence. He prefers non-fiction text because of knowledge on many topics, passages tied to interest areas, or

Save

3. Describe the student's developmental needs: John has a strong sense of right and wrong, with little gray area, which creates misperceptions when he feels wronged by not realizing how his initial behavior caused the problem. He will act-out by talking back or refusing to do work. His behavior

Save

4. Describe the student's functional needs: John suffers from anxiety that affects his mental health both at home and in school. He puts a lot of pressure on himself to earn high grades and perform in sports. When doing poor in subject areas, he will begin to stop completing assignments and

Save



Student Menu - IEP Process



Present Levels Continued

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

Present Levels of Academic Achievement and Functional Performance

5 Describe the **PARENT CONCERNS** for Improving Student's Education.

5. Describe the Parent Concerns for Improving Student's Education:

Ms. Doe wants John to be able to build his reading and writing skills. They would like to see John type assignments and use assistive technology for accommodations to prepare him for college. His parents would like John to work with his guidance

Save

6 Additional **INFORMATION** about the Student to be considered including **MOST RECENT EVALUATIONS**.

6. Additional Information about the Student to be considered including most recent evaluations:

SS means =Standards Score (average range is 85-115)
Intelligence:
Full Scale SS=90 (average); Verbal Comprehension SS=108

Save

7 Describe how the student's **DISABILITY AFFECTS** the student's involvement and **PROGRESS IN THE** general **CURRICULUM**.

7. Describe how the student's disability affects the student's involvement and progress in the general curriculum:

Due to a specific learning disability in basic reading skills and resulting impact on writing, his progress in the general curriculum impedes his ability to read and write on-grade level sight words, vocabulary, and maintain pace with non-disabled

Save

8 Describe how the student's **DISABILITY AFFECTS** **NON-ACADEMIC AREAS**.

8. Describe how the student's disability affects non-academic areas:

John gets angry when doing homework that he does not understand or when overwhelmed by his workload at home. This will cause loud outbursts and temporary shutdown until assistance with de-escalation. He can also get frustrated with

Save

9 For preschool students, as appropriate, describe how the **DISABILITY AFFECTS THE STUDENT'S** **PARTICIPATION IN AGE APPROPRIATE ACTIVITIES**.

9. For preschool students, as appropriate, describe how the disability affects the student's participation in age appropriate activities:

N/A

Save



Student Menu – IEP Process

Special Factors

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP	

Click here

<p>Behavior Needs</p> <p>Consider IF the child’s behavior impacts the learning of themselves or others.</p>	<p>Behavior Needs</p> <p>1. In the case of a child whose behavior impedes the child’s learning or that of others, has the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior? <input type="text" value="Child's behavior does not impede his/her learning or the learning of others"/></p>
<p>Language Needs</p> <p>Consider IF the language needs of a child with limited English proficiency relate to the IEP.</p>	<p>Language Needs</p> <p>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? <input type="text" value="Child does not have limited English proficiency"/></p>
<p>Blind or Visually Impaired</p> <p>Consider IF a child is blind or visually impaired needs Braille or other media after an evaluation.</p>	<p>Blind or Visually Impaired</p> <p>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? <input type="text" value="Child is blind or visually impaired but is not in need of instruction in Braille or the use of Braille and/or the use of Braille is not appropriate for the child"/></p>
<p>Communication Needs</p> <p>Consider IF the child has language needs AND IF the child is deaf or hard of hearing, the mode of communication and language of the child.</p>	<p>Communication Needs</p> <p>4. Does the child have communication needs? <input type="text" value="Child does not have communication needs"/></p> <p>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. <input type="text" value="Child is not deaf or hard of hearing"/></p>
<p>Assistive Technology</p> <p>Consider IF assistive technology and services are required to access the general curriculum.</p>	<p>Assistive Technology</p> <p>5. Does the child need assistive technology devices and services? <input type="text" value="Child does not need assistive technology"/></p>
<p>Medical, Sensory, or Physical Impairments</p> <p>Consider the child’s medical, sensory, or physical needs.</p>	<p>Medical, Sensory, or Physical Impairments</p> <p>6. Does the student have medical, sensory, or physical impairments? <input type="text" value="No"/></p>



Student Menu - IEP Process

Transition Planning

✓	✓	✓	✓	1	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

Meeting Information **PART 1, MEETING PREPARATION**

Note: As of , the student is/was years old. - **Student Involvement by 16 years old.**

Did the student attend the IEP Meeting?

Was the student invited to the IEP meeting?

If no, describe the steps taken to ensure that the student's preferences and interests were considered.

2

Transition Goals and Present Levels **3** **PART 2, TRANSITION PLANNING**

Post-Secondary Goals **Current Interests, Experiences**

Student Interests, Preferences, Needs and Post-Secondary Goals - **Plan** Transition Present Levels of Performance - **Transition Assessment**

Post-Secondary Education/Training Goal: (e.g. 2 or 4 year college, vocational education, continuing and adult education, training program, or on-the-job training)

E d u c a t i o n &

Current Academic and Functional Levels in Preparation for Post-Secondary Education/Training:

T r a i n i n g

Post-Secondary Employment Goal:

E m p l o y m e n t

Current Job Skills in Preparation for Post-Secondary Employment:

Post-Secondary Independent Living Goal, If Needed:

I n d e p e n d e n t

Current Home/Independent Living Skills in Preparation for Post-Secondary Independent Living:

L i v i n g

Future Community Participation:

C o m m u n i t y

Current Community Participation in Preparation for Post-Secondary Independent Living:

P a r t i c i p a t i o n

Adult Services:

O u t s i d e A g e n c y o r V R (i n p a r t n e r s h i p)

Current Adult and Adult Type Services in Preparation for Post-Secondary Independent Living:

Here's what to do- (follow the numbers):

1 Click on **TRANSITION PLANNING** in the menu to go to **PART 1**.

2 **PART 1** - Select **YES** or **NO** to answer:
 ☞ Did student attended the meeting;
 ☞ Was student was invited to the meeting **AND** if no- describe how references/interests were obtained.

3 Scroll to **PART 2** - Write the present levels and post-secondary goals for each area applicable based upon student interests & preferences.



Student Menu - IEP Process

Transition Planning Continued

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

Course of Study 1

Transition Academic Plan PART 3, COURSES

Projected Courses 8th Grade:

English 8, Math 8, science 8, Social Studies 8, Woodworking, Art, Computers abc ✓

Projected Courses 9th Grade:

English 9, Algebra I, Geography, Physical Science, Physical Education, Health, Spanish I abc ✓

Projected Courses 10th Grade:

English 10, Geometry, World History, Biology, Spanish II, Personal Finance, Fitness for Life abc ✓

Projected Courses 11th Grade:

English 11, Algebra II, US History, Chemistry, Spanish III, Guitar Explorations, Sports Explorations abc ✓

Projected Courses 12th Grade:

English 12, Pre-Calculus, Physics, Economics, Sports Management abc ✓

Projected Courses Ages 18-21:

John will graduate at the end of 12th grade. abc ✓

Transition Academic Plan PART 3 - CONT, GRADUATION

Total number of credits required for graduation, number of graduation credits cannot be below state mandate of 20: 2

Diploma Type: Regular High School Diploma 3
Certificate of Attendance

Expected Graduation Date: 4

Here's what to do- (follow the numbers):

PART 3 - COURSE OF STUDY

- 1 Write the projected high school classes based upon post-secondary goals & graduation requirements by grade level. *
- 2 Enter the number of credits required for graduation.
- 3 Select the diploma type (*certificate of attendance is NOT a diploma; therefore, continued FAPE through age 21 is entitled*).
- 4 Enter the approximate date of graduation.

**Note: Must have Course of Study by 14 years old.*



Student Menu - IEP Process

Transition Planning Continued

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

Here's what to do- (follow the numbers):

- 1 Click on **ADD TRANSITION SERVICES** to go to **PART 4, SCREEN 2**.
- 2 Select **(a) TRANSITION AREA**; **(b)** custom type a **RELATED SERVICE**; **(c) & (d)** enter the Title of the **PERSON & AGENCY** responsible; **(e)** enter the **BEGIN & END DATES** (time span of IEP); **(f)** click on **Save and Continue**.
- 3 Select **YES** or **NO** if an application has been sent to **NHVR**.
- 4 Enter the **DATE** information was shared. **(Must have consent to share information with NHVR.)**
- 5 Click on **Save and Continue**.

PART 4, SCREEN 1

There are currently no transition services for this student. **Add Transition Service** **1**

Custom Transition Services 2 - **PART 4, SCREEN 2**

Transition Service b	Transition Area a	Person c	Agency d	Begin Date e	End Date
	-none-				
	Instruction				
	Community Experiences				
	Employment				
	Related Services				
	Adult Living and Post School Objectives				
	Daily Living (if appropriate)				
	Functional Vocational Assessment (if appropriate)				

f

NHVR Notification **PART 5, VOCATIONAL REHABILITATION & AGENCIES**

Did the IEP team inform the student and/or family of how to apply for services that may be available to them through Vocational Rehabilitation? No

Date information shared: **4 *** **3**

5



Student Menu - IEP Process

Goals & Objectives

✓	✓	✓	✓	✓	1	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

RETURN TO SCREEN 1

Delete	Position	New Position	Area of Need 4	Annual Goal	Begin Date 5	ESY	# Objs	6
<input type="checkbox"/>			Academic Communication Community Content Deafness Fine Motor Development Gross Motor Development Hearing Language Arts Math Occupational Therapy Physical Therapy Reading	By May 2021, given non-fiction text of one page in length, John will be able to read with less than 10 decoding errors in 4 out of 5 passages measured bi-weekly recorded by data tracking chart.	<input type="text"/>	No	0	Details

SCREEN 1, CLICK ON Add Custom Goals

No annual goals have been added for this student.

2

SCREEN 2, WRITE GOAL

Custom Goal 1 **3a**

3b

Here's what to do- (follow the numbers):

- 1 Click on **GOALS & OBJECTIVES** in the menu to go to **SCREEN 1**.
- 2 Click on to go to **SCREEN 2**.
- 3 (a) TYPE OR EDIT CUSTOM GOAL; (b) click on to **RETURN TO SCREEN 1**.
- 4 Select the **GOAL AREA** from the dropdown menu.
- 5 Enter the **BEGIN DATE** (after IEP start date).
- 6 Click on to go to **SCREEN 3** on the next slide.



Student Menu - IEP Process

Goals & Objectives Continued

SCREEN 3, GOAL DETAILS

Area of Need	prepopulated from...	Reading									
Annual Goal	prepopulated from... SCREEN 2	By May 2021, given non-fiction text of one page in length, John will be able to read with less than 10 decoding errors in 4 out of 5 passages measured bi-weekly recorded by data tracking chart.									
Implementation Personnel/Position Responsible:	1	Teacher <input type="text" value="Title of Person"/>									
2 - Current data specific to goal. Present Level of Academic Achievement:		In grade level text, he cannot read 2 to 3 words per sentence. He prefers non-fiction text because of knowledge in many topics, or passages tied to interest areas.									
3 - Current data specific to goal. Present Functional Performance:		John does use a pencil to track his reading. He uses some strategies like circling unknown words. After about 5 minutes, he may begin drawing on his paper while other students continue reading.									
4 - Select how parents will receive... Method of Reporting to Parent: progress reports.		<table border="1"> <tr><th colspan="2">Method of Reporting to Parent</th></tr> <tr><td>As Needed</td><td rowspan="5">Must be at least as often as report card distribution.</td></tr> <tr><td>End of Unit</td></tr> <tr><td>Weekly Report</td></tr> <tr><td>Oral Report</td></tr> <tr><td>Grading Period Report Card</td></tr> <tr><td>Quarterly Progress Reports</td></tr> </table>	Method of Reporting to Parent		As Needed	Must be at least as often as report card distribution.	End of Unit	Weekly Report	Oral Report	Grading Period Report Card	Quarterly Progress Reports
Method of Reporting to Parent											
As Needed	Must be at least as often as report card distribution.										
End of Unit											
Weekly Report											
Oral Report											
Grading Period Report Card											
Quarterly Progress Reports											

TEXT BOXES

Here's what to do- (follow the numbers):

- On **SCREEN 3**, enter the **TITLE OF THE PERSON** who is responsible for the goal.
- & 3** Enter the current data for **ACADEMIC** and **FUNCTIONAL** levels specifically related to the goal.
- Select the **METHOD OF REPORTING** from the dropdown menu.
- Scroll down and click on **Add Custom Objective(s)** to go to **SCREEN 4**.
- Enter up to 5 custom objectives, **& 7** click on **Save and Continue** to **RETURN TO SCREEN 3**.
- Enter the **BEGIN DATE** (after IEP start date).
- Enter the **METHOD OF REPORTING** and click on **Save and Continue**.

SCROLL DOWN, ADD OBJECTIVES

There are no objectives for this annual goal

X Add Objective(s) from Lists Add Custom Objective(s) **5**

! Add Objective(s) from Bank

RETURN TO SCREEN 3, OBJECTIVE DETAILS

Del	Pos	NewPos	Objectives	Begin Date 8	Evaluation Method 9
<input type="checkbox"/>	1	<input type="text"/>	Type up to 5 custom objectives.	<input type="text"/>	<ul style="list-style-type: none"> Software Test Verbal Response Work Samples Worksheet

SCREEN 4, WRITE OBJECTIVES

Custom Objective 1 **6**

Type up to 5 custom objectives.

<<Back Save Save and Continue >> **7**



Student Menu - IEP Process

Accommodations and/or Modifications

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodation and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP	

Gen. Accommodations & Modifications ✓

&

State & District Assessment ✓

NOW COMBINED TOGETHER

Accommodations and/or Modifications ✓

Classroom		
	Participation	Accommodation(s) and/or Modification(s)
Classroom	Accommodation(s) and/or Modification(s) Needed	<p>Accommodation(s)</p> <ul style="list-style-type: none"> • custom classroom accommodations. • Timing - Extended time (50%, 100%, more than 100%). Extended assessment time. • Alternate Response Options: Non-Embedded • Embossing
<p>Add/Edit Classroom Accommodations and/or Modifications</p>		

State/District		
Assessment	Participation	Accommodation(s) and/or Modification(s)
NH Statewide Assessment System (NH SAS)	General Assessment with Designated Support and/or Accommodations	<p>Accommodation(s)</p> <ul style="list-style-type: none"> • Embossing
SAT	College Board Accommodations and/or State Allowed Non-College Reportable	<p>Accommodation(s)</p> <ul style="list-style-type: none"> • Timing - Extended time (50%, 100%, more than 100%). Extended assessment time.
District Wide Assessments	General Assessment with Accommodations	<p>Accommodation(s)</p> <ul style="list-style-type: none"> • Alternate Response Options: Non-Embedded
<p>Add/Edit State/District Accommodations and/or Modifications</p>		



Student Menu – IEP Process

Accommodations and/or Modifications State/District

✓	✓	✓	✓	✓	✓	1	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP	

Accommodations

State/District HOME SCREEN		
Assessment	Participation	Accommodation(s) and/or Modification(s)
NH Statewide Assessment System (NH SAS)	General Assessment with Designated Support and/or Accommodations	Accommodation(s) • Embossing
SAT	College Board Accommodations and/or State Allowed Non-College Reportable	Accommodation(s) • Timing - Extended time (50%, 100%, more than 100%). Extended assessment time.
District Wide Assessments	General Assessment with Accommodations	Accommodation(s) • Alternate Response Options: Non-Embedded

2 Add/Edit State/District Accommodations and/or Modifications

Edit Accommodations

State/District Assessments SCREEN 2	
4 <input type="checkbox"/> NH Statewide Assessment System (NH SAS)	<input type="text" value="Not Administered at this Grade Level"/>
<input type="checkbox"/> SAT	<input type="text" value="Not Administered at this Grade"/>
<input type="checkbox"/> District Wide Assessments	<input type="text" value="Not Participating"/>

3

Here's what to do- (follow the numbers):

- 1 Click on **ACCOMMODATIONS AND/ OR MODIFICATIONS** in the menu to go to the **HOME SCREEN**.
- 2 Click on **Add/Edit State/District Accommodations and/or Modifications** to go to **SCREEN 2**.
- 3 For each assessment, select a category from the dropdown:
 - NH Statewide Assessment System (NH SAS)
 - General Assessment
 - General Assessment with Designated Support and/or Accommodations
 - Alternate Assessment based on Alternate Achievement Standards
 - Not Administered at this Grade Level
 - SAT
 - General Assessment
 - College Board Accommodations and/or State Allowed Non-College Reportable
 - Alternate Assessment based on Alternate Achievement Standards
 - Not Administered at this Grade Level
 - District Wide Assessments
 - General Assessment
 - General Assessment with Accommodations
 - General Assessment with Modifications
 - Alternate Assessment based on Alternate Achievement Standards
 - Not Participating
- 4 Click on **+** to select from the list of approved accommodations.



Student Menu - IEP Process

Accommodations and/or Modifications Classroom

Classroom HOME SCREEN

Classroom	Participation	Accommodation(s) and/or Modification(s)
Classroom	Accommodation(s) and/or Modification(s) Needed	<p>Accommodation(s)</p> <ul style="list-style-type: none"> • Timing - Extended time (50%, 100%, more than 100%). Extended assessment time. • Presentation - Computer. Use of computer or word processor for Reading, writing with the following features disabled: spell check, thesaurus, grammar check. • Timing - Extra breaks, Extended Breaks or Breaks as Needed. Frequent supervised breaks. • Timing - Late Start. Administration of the assessment at a time most beneficial to the student, with appropriate supervision

Add/Edit Classroom Accommodations and/or Modifications 1

★ **NEW FEATURE** → State/District Wide and Classroom are on the same webpage.

★ **Add Custom Accommodations 5 SCREEN 2, CONT.**

When required to read 1-2 pages of text in-class, highlight key vocabulary and write a simple synonym above the word.

As John advocates, provide a print-out of reading material so that he may utilize reading strategies, which involves writing on the text.

★ **Add Custom Modifications 5**

Do not count spelling and grammar on all written assignments.

Limit writing to only one paragraph.

<<Back Save Save and Continue >> **6**

Classroom SCREEN 2

+ Classroom **3** **Click here**

Accommodation(s) and/or Modification(s) Needed Custom **2** **Click here**

Category: College Board Accommodations **4**

S
C
R
O
L
L

- Timing - Extended time (50%, 100%, more than 100%). Extended assessment time.
- Timing - Extra breaks, Extended Breaks or Breaks as Needed. Frequent supervised breaks.
- Timing - Late Start. Administration of the assessment at a time most beneficial to the student, with appropriate supervision
- Timing - Limited timed testing. Limited time per day testing/multiple day testing.

Here's what to do- (follow the numbers):

- 1** Click on **Add/Edit Classroom Accommodations and/or Modifications** to **SCREEN 2**.
- 2** Check the box next to **CUSTOM**.
- 3** Click on **+** next to **CLASSROOM**.
- 4** Choose from the drop down menu which type of accommodations you would like.
- 5** Add custom accommodations and/or modifications if needed
- 6** Click **Save and Continue >>**



NHSEIS New Features – IEP Process

Services, Aids, & Support – *Special Education & Related Services*

Related Services

Related Services *HOME SCREEN*

There are no Related Services for this student yet

Click here → [Add Related Services](#)

Special Education Services

Special Ed Services

There are no Special Ed Services for this student yet

[Add Special Ed Services](#)

NO CHANGES

Related Services ★ *SCREEN 2*

- none-
- Mental Health Services
- Language or Hearing Therapy
- Rehabilitative Services
- Assistive Technology Services
- Audiology
- Counseling - Group
- Counseling - Individual
- Interpreting Services
- Vision Services
- Medical Services
- Occupational Therapy - Group
- Occupational Therapy - Individual
- Orientation and Mobility
- Parent Counseling/Training
- Physical Therapy - Group
- Physical Therapy - Individual
- Psychological Services
- Recreation Services
- Rehab Counseling Services
- School Health Services
- Social Work Services
- Speech Pathology - Group
- Speech Pathology - Individual
- Transportation
- Nursing Services

Service Provider
Dropdown Menu

★ **CHANGE**
Aide → Removed from
Service Provider
List



NHSEIS New Features – IEP Process

Services, Aids, & Support – *Supplementary Aids*

Supplementary Aids *HOME SCREEN 1*

There are no Supplementary Aids for this student yet

1 [Add Supplementary Aids](#)

Supplementary Aids *HOME SCREEN 2*

Delete	Pos	New Pos	Supplemental Aid	Setting	Medically Necessary	Dates Start/End 5	# Goals 6
<input type="checkbox"/>		<input type="text"/>	Assistive Technology Device	Regular Education Setting	<input type="checkbox"/>	<input type="text"/>	0

[Details](#)

★ New Features

ADD SUPPLEMENTARY AIDS, SCREEN 2

Supplementary Aids 2

- none-
- Assistive Technology Device
- Calculator
- Prosthetic/Orthotic Device
- Wheelchair

Custom Supplementary Aids

- ★ New Feature

Setting 3

- Regular Education Setting
- Special Education Setting
- Correctional Facility
- Homebound/Hospital Based
- Parentally Placed in Private School
- Private Day School
- Residential School
- Separate School
- 3-5 Early Childhood Pgn
- 3-5 Residential Facility
- 3-5 Separate School
- 3-5 Special Education Classroom
- 3-5 Year Old Homebased/Child Home's
- 3-5 year old Service Provider Location

[Save and Continue >>](#) **4**

Here's what to do - (follow the numbers):

- 1-** Click on [Add Supplementary Aids](#) to go to *SCREEN 2*.
- 2-** Select **SUPPLEMENTARY AID(S)** from the dropdown menu or customize.
- 3-** Select the **SETTING** from the dropdown.
- 4-** Click on [Save and Continue >>](#) to go to *HOME SCREEN 2*.
- 5-** Enter the **START** and **END DATE**.
- 6-** Click on [Details](#) (**NEW FEATURES**) to:
 - ➡ Select Service Coordinator Title
 - ➡ Select Service Provider
 - ➡ Associate with Annual Goals, if appropriate.



NHSEIS New Features – IEP Process

Services, Aids, & Support – *Supplementary Services*

ADD SUPPLEMENTARY SERVICES, SCREEN 2

Supplementary Services **2** Num Sessions **3a** Session Length **3b** Setting **3c**

-none-	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	Regular Education Setting Special Education Setting Correctional Facility Homebound/Hospital Based Parentally Placed in Private School Private Day School Residential School
Academic Support	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	
Assistive Technology Evaluation	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	
Assistive Technology Support	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	
Behavior Support	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	
Medical Support	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	
Mobility Support	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	
Personal Care Support	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	
Scribe	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	

4

Supplementary Services **HOME SCREEN 1**

There are no Supplementary Services for this student yet

1

Here's what to do - (follow the numbers):

- 1- Click on to go to the **NEXT SCREEN**.
- 2- Select **SUPPLEMENTARY SERVICES(S)** from the dropdown menu or customize.
- 3- Select the **NUMBER OF SESSIONS, SESSION LENGTH,** and **SETTING** from the dropdown menus.
- 4- Click on to return to **HOME SCREEN 2**.
- 5- Enter the **START** and **END DATE**.
- 6- Click on (**NEW FEATURES**) to:
 - ➔ Select Service Coordinator Title
 - ➔ Select Service Provider
 - ➔ Associate with Annual Goals, if appropriate.

Supplementary Services **HOME SCREEN 2**

Delete	Pos	New Pos	Supplemental Service	# Sessions	Session Length	Setting	Medically Necessary	Dates Start/End 5	# Goals 6
<input type="checkbox"/>	1	<input type="text"/>	Academic Support	1 per day	15 min	Regular Education Setting	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	0 <input type="button" value="Details"/>

★ New Features



NHSEIS New Features – IEP Process

Services, Aids, & Support – Supports for Personnel

ADD SUPPORTS FOR PERSONNEL (SCREEN 2)

Supports for Personnel 2	Num Sessions 3a	Session Length 3b
-none-	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation for Paraprofessional from Special Educator	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff for Assistive Technology	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff from Nurse	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff from OT	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff from PT	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff from S/L	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff from School Psychologist	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff from Social Worker	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Consultation to staff from Special Educator	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Parent training around Assistive Technology	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Parent training around behavior protocols/plans	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Staff training around assistive technology	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>
Staff training around behavioral	<input type="text"/> per <input type="text"/> day <input type="text"/>	<input type="text"/> min <input type="text"/>

Custom Supports for Personnel

★ **New Feature**

Save and Continue >> **4**

Supports for Personnel HOME SCREEN 1

There are no Supports for Personnel for this student yet

1 **Add Supports for Personnel**

Here's what to do - (follow the numbers):

- 1- Click on **Add Supports for Personnel** to go to the **NEXT SCREEN**.
- 2- Select **SUPPORT FOR PERSONNEL** from the dropdown menu or customize.
- 3- Select the **NUMBER OF SESSIONS** from the dropdown menu and enter the **SESSION LENGTH**.
- 4- Click on **Save and Continue >>** to go to **HOME SCREEN 2**.
- 5 & 6- Select the **SETTING** from the dropdown menu, and enter the **START** and **END DATE**.
- 7- Click on **Details** (**NEW FEATURES**) to:
 - ➔ Select Service Coordinator Title
 - ➔ Select Service Provider
 - ➔ Associate with Annual Goals, if appropriate.

Supports for Personnel HOME SCREEN 2

Supports for Personnel	# Sessions	Session Length	Setting 5 ★	Medically Necessary	Dates Start/End 6	7
Consultation to Staff from Counselor	1 per <input type="text"/> mnth <input type="text"/>	10 min <input type="text"/>	Regular Education Setting <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> Details

★ **New Features**



Services, Aids, & Support – *Transportation*

ADD TRANSPORTATION

Transportation

Transportation:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
IEP Team	IEP Cover Page	Present Levels	Special Factors	Transition Planning	Goals & Objectives	Non-Participation Justification	State & District Assessment	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

Here's what to do -

- 1- Click on the drop down menu under Transportation.
- 2- Select from the drop down menu one of the following options:
 - None
 - Parent
 - Regular Transportation
 - Special Ed Van
 - Specialized vehicle-monitor
 - Specialized vehicle-wheelchair
- 3- Click on to finish.



Non-Participation Justification

COMPLETE JUSTIFICATION FOR PARTICIPATION QUESTIONS

Justification for Participation John New Doe

Instructions - Describe the extent, if any, of the student's non-participation with regular education students by answering the questions below.

Removal From General Ed

1. Will the student be removed from the general education classroom at any time?

1a. If Yes - An explanation of the extent to which the child will not participate with nondisabled children in the regular class

John will be receiving reading instruction in a separate environment due to significant grade level difference in reading ability.

Participation with Non-Disabled Peers

2. Will the student participate with non-disabled peers in extra curricular and non-academic activities?

2a. If No** - An explanation of the extent to which the child will not participate with nondisabled children in extra-curricular and non-academic activities

Placed in Home School

3. Will the student be placed for any part of the day outside his or her LEA home school?

3a. If yes, explain why the placement is necessary

Here's what to do –(Answer each question providing justification as necessary).

- 1-** Removal from General Ed
 - Will the Student be removed from the general education classroom at any time?
 - Select Yes or No
 - If Yes, enter explanation in text box
- 2-** Participation with Non-Disabled Peers
 - Will the student participate with non-disabled peers in extra curricular and non-academic activities?
 - Select Yes or No
 - If No, enter explanation in text box
- 3-** Placed in Home School
 - Will the student be placed for any part of the day outside his or her LEA home school?
 - Select Yes or No
 - If Yes, enter explanation in text box
- 4-** To finish click



Extended School Year

TEAM WILL MAKE A DETERMINATION REGARDING ESY SERVICES

Here's what to do –

1- Team makes a determination regarding Extended School Year. *There is no longer a choice of choosing a date when the team will make the determination, you must choose **yes or no**. You can always revisit the decision later in the year*

2- Team makes a determination as to whether the student needs a longer school day



Extended School Year

DETERMINING SERVICES FOR ESY

1

ESY Services

Special Ed ESY Services

Del	Special Ed Service	Num Sessions	Session Length	Location	Dates Start/End
<input type="checkbox"/>	Reading - Specially Designed Instruction	<input type="text"/> per <input type="text"/> day	<input type="text"/> min	Regular Education Setting	<input type="text"/> <input type="text"/>

Add Current Special Ed ESY Services Add New Special Ed ESY Services

Related ESY Services

Del	Related Service	Num Sessions	Session Length	Location	Dates Start/End
<input type="checkbox"/>	Transportation	2 per <input type="text"/> day	30 min	Special Education Setting	<input type="text"/> <input type="text"/>

Add Current Related ESY Services Add New Related ESY Services

2

Here's what to do –(follow the numbers):

- 1- If the team determined that the student requires ESY Services they will add Special Education and Related Services either from the current services the student receives or they will create new services.
- 2- Click on ESY Service Details for each services
 - Enter sessions, session length, choose setting, enter dates
 - Select Service Coordinator Title
 - Select Service Provider Title
 - Associate with Goals if applicable
- 3- If the student is receiving services you will also need to choose goals to associate with those services. You can only select from the goals currently listed in the IEP.

SELECTING GOALS FOR ESY

3

Extended School Year Goals

ESY	Area of Need*	Goal
<input checked="" type="checkbox"/>	Reading	By March 2021, given a 6th grade level, non-fiction text of one page in length, John will be able to read with less than 10 decoding errors in 4 out of 5 passages measured bi-weekly recorded by data tracking chart.



Program Placement – Add a State Approved Program

SEARCHING FOR THE CORRECT PLACEMENT

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

Search for Special Education Programs John New Doe

Instructions - Use the fields below to search for state-approved programs to add for this student. You must enter a begin and end date for the placement in order to determine capacity.
Note: The search will only return open programs for which the student meets all criteria (age, gender, identified disability, etc.) in NHSEIS.

Program Begin Date: <i>(required)</i>	04/02/2020	1
Program End Date: <i>(required)</i>	04/01/2021	
Program Name: <i>(enter all or part of the program name)</i>	<input type="text"/>	2
Location: <i>(enter all or part of the location, if known)</i>	Concord	
Provider Name: <i>(enter all or part of the provider's name, if known)</i>	<input type="text"/>	

3

Here's what to do –(follow the numbers):

- 1-** Enter the Program Begin and Program End Dates
- 2-** Enter either the Program Name or Location Provider Name. You do not need to enter all of these and it is recommended that you only enter one piece.
- 3-** Click 'Find Program'
- 4-** Select the Program using the check box on the left hand side
- 5-** Click 'Save & Continue' at the bottom of the page

SELECTING A PROGRAM

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

Add Special Education Programs John New Doe

Check the box for the applicable program(s) and press "Save and Continue".

Select one or more SPED Program from the list below and click "Save & Continue" to add them to this student's record.

Add	Program Name	Provider	Location	Begin Date	End Date	Setting	Capacity	Currently Assigned
<input type="checkbox"/>	Alternative High School Program	Second Start,Concord	Concord, NH	07/01/2010	06/30/2025	Day	20	4
<input type="checkbox"/>	Home Instruction	Concord High School	Concord School District	03/23/2017	06/30/2078	Day	Unlimited	1
<input checked="" type="checkbox"/>	Language Based Program	Concord High School	Concord School District	09/01/1992	06/30/2078	Day	Unlimited	2

4

Only approved programs will appear for selection based on student gender, age and primary disability.



Program Placement – Add Details for State Approved Program

SESSIONS AND SESSION LENGTH

State-Approved Programs

Delete	Program Service	# Sessions	Session Length	Dates Start/End	# Goals	
<input type="checkbox"/>	Language Based Program	3 per wk	45 min	04/02/2020 04/01/2021	0	Details

1

2

Here's what to do –(follow the numbers):

- 1- Enter Number of Sessions and Session Length
- 2- Click on Program Services 'Details' button
- 3- Select Setting
- 4- Click 'Save & Continue' at the bottom of the page

Remember: Only approved programs will appear for selection based on student gender, age and primary disability.

SELECTIONS UNDER PROGRAM DETAILS

Special Education Programs

John New Doe



Instructions - Please review and complete the information below for the service selected.

Program Name: Language Based Program

*Dates Service Provided: *Begin: 04/02/2020 *End: 04/01/2021

*Setting: Regular Education Setting

Associated Goals

Check All Check None

By March 2021, given a 6th grade level, non-fiction text of one page in of 5 passages measured bi-weekly recorded by data tracking chart.

<<Back Save

- Regular Education Setting
- Special Education Setting**
- Correctional Facility
- Homebound/Hospital Based
- Parentally Placed in Private School
- Private Day School
- Residential School
- Separate School
- 3-5 Early Childhood Pgn
- 3-5 Residential Facility
- 3-5 Separate School
- 3-5 Special Education Classroom
- 3-5 Year Old Homebased/Child Home's
- 3-5 year old Service Provider Location

3

4



Creating and Finalizing the IEP

IEP PROCESS

Here's what to do –(follow the numbers):

1- Check all areas of the IEP Process for the **green check** compliance symbol. If any area has a **red x**, you will need to go back to the IEP process section and correct the error.

2- Follow the prompts to create a draft then final of the IEP:

- Click Create Display IEP Errors
- Click Create Draft IEP
- Click View the IEP to view the pdf IEP document
- Click Continue
- Click Display IEP Errors
- Click Create Final IEP

3- To ensure you have successfully created the document, Click Student History – Student has a Proposed IEP

Doc ID	Date Generated ?	Generated By	Document ?	Status
7093	07/14/2020	Terry 1 Hersh	IEP	Finalize

SELECTIONS UNDER PROGRAM DETAILS

Status	Child Study Date	Referral Date	Consent Date	Proj Consent Date	Elig Date	Proj Elig Date	IEP Date	Proj IEP Date
SpecialEd		01/20/2020		01/19/2023	03/20/2020	03/20/2023	03/20/2020	03/19/2021

Event ID	Event Date*	Event Type	Begin Date	End Date	User	Document	Date Created
6789	03/27/2020	Proposed IEP	04/02/2020	04/01/2021	John Smith	IEP (ID# 7028)	06/22/2020 13:56 (0 days)



NHSEIS Changes – IEP Process

Finalize the IEP – Parent Response Options

Doc ID	Date Generated ?	Generated By	Document ?	Status
6864	08/03/2020	Joanne DeBello	IEP	1 Finalize

Parent Response **2** **Change** Jill L Smith

This Proposed IEP was:

I CONSENT to the IEP AND AGREE to education placement
 I REFUSE CONSENT to IEP & AGREE to education placement
 I PARTIALLY CONSENT to the IEP & AGREE to education placement
 I CONSENT to the IEP AND DO NOT AGREE to education placement
 I REFUSE CONSENT to IEP & DO NOT AGREE to education placement
 I PARTIALLY CONSENT to IEP & DONT AGREE to education placement

Parent Signing:

Date of Signature:

IEP Exceptions/Notes:

Save & Continue **3**

Green = AGREEMENT/CONSENT to → IEP and/or placement

Blue = PARTIAL CONSENT to IEP

Red = DON'T AGREE/REFUSE CONSENT to → IEP and/or placement



Student History – Parent Response Entered by District

Student History

NHSEIS User – John Howard Doe (✓)
Finalized the IEP

Del	Event ID	Event Date*	Event Type	Begin Date	End Date	User	Document	Date Created	
<input type="checkbox"/>	6838	01/07/2020	IEP (Based on Event 6793)	01/27/2020	01/26/2021	Terry 1 Hersh	IEP (ID# 7035)	06/30/2020 12:22 (0 days)	1 ↓ Details
<input type="checkbox"/>	6793	01/07/2020	Proposed IEP	01/27/2020	01/26/2021	Terry 1 Hersh	IEP (ID# 7035)	06/23/2020 15:11 (7 days)	Details

SCREEN 2 → **Details** has the Parent Name selected from the dropdown list of Contacts with guardian authority, and the **PARENT RESPONSE**.
(This is from a signed paper copy of the IEP.)

SCREEN 2 **Details**

Event Type: IEP (Current)

Meeting Date:	01/07/2020
Begin Date:	01/27/2020
End Date:	01/26/2021
IEP Amendment Begin Date:	06/14/2020
Meeting Purpose:	IEP Amendment
Created By:	Terry 1 Hersh
School:	High School
Doc ID:	7035
Doc Name:	IEP
Primary Disability:	Autism
Placement:	-none-
Day Length:	5.50 hour(s)
District of Liability:	Concord

Parent Response

Parent Response:	I consent to the IEP as proposed
Parent Signing:	Mama Doe
Signature Date:	01/26/2020
IEP Exceptions/Notes:	entered by district



Parent Portal– *Parent Response*

FOR THOSE SAUS UTILIZING NHSEIS CONNECT

NEW DOCUMENT – PROPOSED IEP

Event ID	Event Date*	Event Type	Begin Date	End Date	User	Document	1 Date Created	
6789	03/27/2020	Proposed IEP	04/02/2020	04/01/2021	John Smith	IEP (ID# 7028)	06/22/2020 13:56 (0 days)	Details

Here's what to do –(follow the numbers):

- 1-** New documents and Proposed IEPs will notify the parent/guardian or the adult student via email
- 2-** The parent/guardian or adult student clicks the 'EdPlan Connect' link in the email
- 3-** Easy IEP Connect asks "How would you like to receive access code?"
Select appropriate radio button:
 - Text Message
 - Voice Call
 - E-mail
- 4-** Click 'Request Access Code'

EMAIL TO PARENT/GUARDIAN OR ADULT STUDENT

noreply@doe.nh.gov | Hersh, Terry | 12:18 AM

Action Needed

Your school district wants to welcome you to the NHSEIS Connect Portal where you may access certain documents related to your child. There is an action for you to complete, you can access the document in the To-Do section once you log in.

To access your action item(s), please click the following link to log in to New Hampshire Training Site's portal: [EdPlan Connect](#)

Thank you,

New Hampshire Training Site

NHSEIS New Hampshire Special Education Information System

Please do not respond to this email as it is from an automated email account that is not monitored. If you have questions or concerns, please reach out to New Hampshire Training Site.

EdPlan by PCG Education

EasyIEP Connect | New Hampshire Training Site

NHSEIS New Hampshire Special Education Information System

How would you like to receive access code?

Text Message Voice Call E-Mail

E-Mail will be sent to:
terry.....@doe.nh.gov

[Request Access Code](#)



Parent Portal– *Parent Response*

FOR THOSE SAUS UTILIZING NHSEIS CONNECT

Here's what to do –(follow the numbers):

- 1-** They will receive an access code through the method they chose
- 2-** Enter Access Code where requested
- 3-** Click Login

NHSEIS CONNECT SCREEN

EdPlan by PCG Education

EasyIEP Connect

New Hampshire Training Site
You will have 15 minutes to use your access code.

NHSEIS New Hampshire Special Education Information System

Enter Access Code:
173123171

Login

EMAIL SAMPLE WITH ACCESS CODE

Reply Reply All Forward



noreply@doe.nh.gov

Hersh, Terry

Notice of Access Request - New Hampshire Training Site

1

Dear Henrietta and James Smith,

An access request was made to complete a pending action for a Student in New Hampshire Training Site.

The one-time use access code is: 173123171.

If you did not request this access code, please contact New Hampshire Training Site.

Thank you,

New Hampshire Training Site



Please do not respond to this email as it is from an automated email account that is not monitored. If you have questions or concerns, please reach out to New Hampshire Training Site.



Parent Portal– *Parent Response*

FOR THOSE SAUS UTILIZING NHSEIS CONNECT

NHSEIS CONNECT SIGNATURE SCREEN

To-Do List

Here's what happens –(follow the numbers):

- 1-** A To-Do List is given for items that need to be signed
 - Click IEP to View the proposed IEP Document
 - Click the pencil icon, to enter response and signature
- 2-** Parent/guardian or adult student logs their response and signature directly on the computer
- 3-** Parent/Guardian or adult student when logged into the NHSEIS Connect portal will see the following:
 - My Info: Option to change personal information
 - To-Do List
 - Completed Actions
 - Service Plan Info
 - Documents



Parent Portal– *Parent Response in Student History*

FOR THOSE SAUS UTILIZING NHSEIS CONNECT

3 4

EVENT DETAILS

Event Details

John New Doe (6834)

[New Mail](#)

Event Type: IEP (Current)

Meeting Date:	03/27/2020
Begin Date:	04/02/2020
End Date:	04/01/2021
Meeting Purpose:	Annual Review Initial IEP
Created By:	
School:	High School
Doc ID:	7072
Doc Name:	IEP
Primary Disability:	Specific Learning Disability
Placement:	-none-
Day Length:	5.50 hour(s)
District of Liability:	Concord
Signature:	

2

Parent Response

Parent Response:	I PARTIALLY CONSENT to the IEP & AGREE to education placement
Parent Signing:	Gertrude Doe
Signature Date:	06/30/2020
IEP Exceptions/Notes:	My exceptions are ...

STUDENT HISTORY

Student History

1

John New Doe (✓)

[New Mail](#)

Status	Child Study Date	Referral Date	Consent Date	Proj Consent Date	Elig Date	Proj Elig Date	IEP Date	Proj IEP Date
SpecialEd		01/20/2020		01/14/2023	03/15/2020	03/15/2023	03/27/2020	04/01/2021

Event ID	Event Date*	Event Type	Begin Date	End Date	User	Document	Date Created	
6834	03/27/2020	IEP	04/02/2020	04/01/2021	Parent: Gertrude Doe	IEP (ID# 7072)	06/30/2020 07:16 (0 days)	Details
6833	03/27/2020	Proposed IEP	04/02/2020	04/01/2021	Terry 1 Hersh	IEP (ID# 7072)	06/29/2020 13:45 (1 days)	Details
6832	03/15/2020	Eligibility Determination	03/15/2020	03/15/2023	Terry 1 Hersh	Eligibility Determination Document (ID# 7070)	06/29/2020 12:50 (1 days)	Details

Here's what happens –(follow the numbers):

- 1-** Once the response has been logged into NHSEIS Connect it is documented in the Student History listing the person who signed as the user
- 2-** The event details will show the Signature and the response

Documents

SELECTING A DOCUMENT

Here's what to do—(follow the numbers):

- 1-** Select a document from list by clicking the circle next to the document or letter (if choosing the Written Prior Notice)
- 2-** Select one of the following:
 - Create Draft (this will be saved for 30 days)
 - Create Final Document (this will be saved)



Documents – Evaluation Summary Report

Evaluation Summary Report
New Hampshire Training Site High School

1

Student Name: John New Doe
SASID: 0000034680
Date of Birth: 03/11/2004

Academic Performance Assessment:

Date Completed: 02/27/2020 **Qualified Examiner:** Associate School Psychologist

Evaluation Result:
WIAT-III: - Reading: Comprehension SS=95 (average) ; Word Decoding=75 (poor); Pseudoword Decoding SS=69 (poor) - Math: Numerical Operations SS=100 (average); Problem-Solving SS=85 (low average) - Writing: Expression SS=89 (average); Spelling SS=72 (poor) - Listening Comprehension SS=105 (average) - Oral Comprehension SS=102 (average)

Intelligence Assessment:

Date Completed: 02/10/2020 **Qualified Examiner:** Psychologist

Evaluation Result:
WISC-IV: Full Scale SS=90 (average); Verbal Comprehension SS=108; Visual Perception SS=80; Working Memory SS=90; Processing Speed SS=85 (low average)

Hearing Screening Assessment:

Date Completed: 03/08/2020 **Qualified Examiner:** School Nurse

Evaluation Result:
within normal limits (vision-w/ glasses)

Observation Assessment:

Date Completed: 03/01/2020 **Qualified Examiner:** Certified Educator

Evaluation Result:
John was given a 1-page passage to read with small font size and little space between lines. John used a pencil to track his reading and circled some words. After about 5 minutes, he began drawing on his paper while others were still reading. During discussion, the teacher called on him to answer a question. He stated, "I didn't get that far," withdrew, and began drawing on his paper until the end of class.

Social/Emotional Status Assessment:

Date Completed: 02/15/2020 **Qualified Examiner:** Psychiatrist

Evaluation Result:
- Projective Drawing Test: borderline clinical range for low self-concept with academics; normal range for relations with others; clinical range for worry and anxiety - Sentence Completion Tests: clinical range for anxiety, borderline clinical for defiance with adults

Vision Screening Assessment:

Date Completed: 03/08/2020 **Qualified Examiner:** School Nurse

Evaluation Result:
Within normal limits

NHSEIS as of 07/06/2020 Page 1

3

4

Details—

1- This document pulls information that has been entered into the Eligibility Process – Assessment & Evaluation Section

2- The required Ed standards are listed at the bottom of the document

BOTTOM OF THE DOCUMENT

Evaluation Summary Report
New Hampshire Training Site High School

2

Student Name: John New Doe
SASID: 0000034680
Date of Birth: 03/11/2004

Ed 1120.02 (a) The parent shall have the right to appeal any decision of the LEA regarding the referral, evaluation, determination of eligibility, IEP, provision of FAPE, or placement of a child with a disability using the procedures delineated in Ed 1123.

Parent's right to an independent evaluation in accordance with Ed 1107.03 Independent Educational Evaluations: (a) The expense incurred in any LEA evaluation procedure recommended by the IEP team shall not be the financial obligation of the parent but shall be the responsibility of the LEA or other financial resources such as, but not limited to, another public agency or Medicaid. (b) The LEA shall comply with 34 CFR 300.502, relative to independent educational evaluation. (c) The agency criteria determined by the LEA, as described in 34 CFR 300.502(a)(2) and 300.502(e), to the extent that they exceed qualified examiner criteria or establish geographic limitations, shall not be so restrictive that the parent does not have a choice of independent evaluators.

Documents – IEP Meeting Notice

CREATING A IEP TEAM MEETING NOTICE

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

Create Final document John New Doe

The following information is required before you can create this Final Document

IEP Team Meeting Notice

Student Information

1	Student	John New Doe
	SAU	New Hampshire Training Site
	School	High School
	Meeting Date	07/06/2020 <input type="text"/>
	Meeting Time	hr: 9 min: 00 AM/PM AM
	Meeting Location	Zoom virtual meeting

Meeting Information

2	This Meeting is Regarding	<input type="checkbox"/> Special Education Referral <input type="checkbox"/> Evaluation Review <input type="checkbox"/> Initial Determination of Eligibility <input type="checkbox"/> Reevaluation Planning <input type="checkbox"/> Reevaluation to Determine Eligibility <input checked="" type="checkbox"/> IEP Development <input type="checkbox"/> IEP Review/Amendment <input type="checkbox"/> Determination of Educational Placement
	Please Select All That Apply	<input checked="" type="checkbox"/> Consideration of Post-Secondary Goals and Transition Services <input type="checkbox"/> Transition from Early Supports and Services in Preschool to Special Education <input type="checkbox"/> Extended School Year (ESY) Services <input type="checkbox"/> Manifestation Determination

4

Title	Name
Parent/Guardian	<input type="text" value="Gertrude Doe"/>
LEA Rep	<input type="text" value="John Principal"/>
Regular Ed	<input type="text" value="Susan Regteacher"/>
Special Ed	<input type="text" value="Sue Spedteacher"/>

3

[Add New Row](#)

If this box is checked, we have attached a copy of the Procedural Safeguards Handbook.

5

Details–

- 1-** Enter meeting details
- 2-** Select the type of meeting and possible topics that may be discussed
- 3-** List the people attending
- 4-** Check the box if you are attaching the procedural safeguards to the meeting notice
- 5-** Either 'Save' to edit later or 'Create Final Document'

Documents – IEP Meeting Notice

SAMPLE IEP MEETING NOTICE

Draft

IEP Team Meeting Notice

Date: 07/10/2020

Dear Gertrude Doe and John New Doe,

You are invited to attend an IEP Team meeting for **John New Doe**.

This meeting is regarding: **IEP Development, Consideration of Post-Secondary Goals and Transition Services.**

The meeting has been scheduled for 07/10/2020 9:00AM at Zoom virtual meeting.

If you are unable to attend this meeting at the date/time we have scheduled, you may request that it be rescheduled.

You may participate through alternative means, such as a conference call. To reschedule the meeting or to arrange to participate through alternative means, please contact:

John Smith, Special Education Teachers	603 222-1111	JSmith@gmail.com
District Contact Person	Telephone Number	Email Address

It is very important that the parents, or you as an adult student, attend this meeting. Parents may invite their child to this meeting. Students age 18 or over may invite their parents. Also, you have a right to bring one or more persons with you who have knowledge or special expertise regarding the child. Please let us know ahead of time if you plan to bring a guest or any other individual(s) who you believe to be knowledgeable.

Team members expected to attend	Name
Parent/Guardian	Gertrude Doe
LEA Rep	John Principal
Regular Ed	Susan Regteacher
Special Ed	Susan Smith

IF this box is checked, we have attached a copy of the Procedural Safeguards Handbook.

ACKNOWLEDGEMENT FROM PARENT/GUARDIAN OR ADULT STUDENT

Draft

Please detach and return the following acknowledgement to the school district contact person on page 1 or you may call with your response.

Parent(s) Name: _____ Student Name: _____

- I plan to attend the meeting as scheduled on meeting Date/Time/Location
- I am unable to attend the meeting as scheduled and would like to reschedule to a different time, date and or location,

These are some dates and times I could meet: _____
Date Time