

**Nevada Department of Education**  
**INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)**  
**GUIDELINES**  
November  
2015

This technical assistance document is designed to assist IEP teams in developing IEPs. It provides guidance for decision-making and explains technical requirements for completing forms. It provides specific instructions for completing the forms. Each section of the IEP is explained in order, section by section, page by page.

1. While the terms "general" and "regular" may seem synonymous, both terms are used in state and federal special education regulations. In this document, "regular" is used to describe teachers, environments, classes, and classrooms. The term "general" is used to describe curriculum.
2. The Nevada Department of Education publishes an annual form to record IEP team decisions regarding statewide testing accommodations. The form is published on the [NDOE Assessment webpage](#). Because the accommodations are subject to change each school year, the district must replace these forms as necessary.
3. Although the term "school district" is used throughout this document, the requirements pertain to school districts, public agencies, and state-sponsored charter schools.
4. A copy of each IEP must be provided to parents at no cost. ([34 CFR §300.322\(f\)](#))

**REFERENCES**

[Individuals with Disabilities Education Act \(IDEA\), including 2004 Reauthorization \(20 USC §§1400 et seq.\)](#)  
[Congressional Committee Report, HR-5, 1997](#)  
[Regulations, 34 CFR Part 300 \(as of November 9, 2015\)](#)  
[Office of Special Education Programs' \(OSEP's\) IDEA website](#)

[Nevada Administrative Code, Chapter 388, Chapter 389](#)

## INFORMATION

STUDENT/PARENT INFORMATION	ELIGIBILITY CATEGORY	MEETING INFORMATION
Student: _____ Sex: <u>Select Gender</u> Birthdate: _____ Grade: _____ Student ID #: _____ Student Primary Language: _____ Student English Proficiency Status: <u>Select LEP Status</u> Federal Placement Code: <u>Select Placement Code</u> Federal Student Ethnicity Code: <u>Select Ethnicity Code</u> Address: _____ Student Phone: _____  Parent/Guardian/Surrogate: _____ Parent Phone (Home) _____ (Work) _____ Optional: Cell _____ Email _____ Primary Language Spoken at Home: _____ Interpreter or Other Accommodations Needed: <u>Select Y or N</u> Emergency Contact/Phone Number: _____ Current School: _____ Zoned School: _____	<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Deaf/Blind <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Health Impairment <input type="checkbox"/> Hearing Impairment/Deaf <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Multiple Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech/Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment/Blind ELIGIBILITY DATE: _____ ANTICIPATED 3-YR REEVALUATION: _____	DATE OF MEETING: _____ DATE OF LAST IEP MEETING: _____ PURPOSE OF MEETING <input type="checkbox"/> Interim IEP <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual IEP <input type="checkbox"/> IEP Following 3-Yr Reevaluation <input type="checkbox"/> Revision To IEP Dated: _____ <input type="checkbox"/> Edit <u>Select Edit Code</u> <input type="checkbox"/> IEP Revision Without A Meeting: At the request of: <input type="checkbox"/> Parent or <input type="checkbox"/> School District <input type="checkbox"/> Other: _____ IEP SERVICES WILL BEGIN: _____ ANTICIPATED DURATION OF SERVICES: _____ IEP REVIEW DATE: _____ COMMENTS: _____

## INFORMATION

### STUDENT/PARENT INFORMATION

- a. Complete the identifying information in this column.
- b. **For Student Primary Language, Student English Proficiency Status, Federal Placement Code, and Federal Student Ethnicity Code** please refer to Appendix A.
- c. **Interpreter or Other Accommodations Needed** refers to any special arrangements needed for the parent or student to participate in the IEP meeting. If the parent or student requires an interpreter or other accommodations to participate in the meeting, note the arrangements that were made. Write N/A if no accommodations were needed.

### ELIGIBILITY CATEGORY

- a. Check the **ELIGIBILITY CATEGORY** that corresponds to the student's disability as determined by the Eligibility Team.
- b. Record the **ELIGIBILITY DATE** of the most recent eligibility determination (month/day/year).
- c. Project the **ANTICIPATED 3-YR REEVALUATION** three years from the most recent eligibility determination (month/day/year).

### MEETING INFORMATION

- a. **Date of Meeting.** Record the DATE OF THE MEETING.
- b. **Date of Last IEP Meeting.** Record the DATE OF LAST IEP MEETING that was conducted as an annual review.
- c. Indicate the **PURPOSE OF MEETING** by checking the appropriate box. The purpose for the meeting should correspond to the purpose set forth in the written notice of the IEP meeting.
- d. **Interim IEP.** Select "Interim IEP" if the purpose of the meeting is for an interim individualized educational program is being developed by a public agency for a pupil with a disability, other than a gifted and talented pupil, who is being considered for special education services if the pupil was determined to be eligible for special education by another public agency or in another state. If the pupil was determined to be eligible for special education in another state, a determination of eligibility pursuant to this chapter must be made before the pupil is eligible to receive special education in this State.

- e. **Annual IEP.** Select “Annual IEP” if the purpose of the meeting is for the annual development a pupil's individualized educational program
- f. **Initial IEP.** Select “Initial IEP” if the purpose of the meeting is for the initial development a pupil's individualized educational program.
- g. **IEP Following 3-Yr Reevaluation.** Select “IEP Following 3-Yr Reevaluation” if the purpose of the meeting is for the development a pupil’s individualized educational program following 3-Year Reevaluation.
- h. **Revision to IEP Dated.** Select “Revision to IEP Dated” if the purpose of the meeting is for an addendum to a pupil’s individualized educational program.  
**\*Note: The Date field should be the same as the Start Date of the IEP that is being revised.**
- i. **Exit.** Select the Exit code if the purpose of the meeting is to discuss the student exiting. See [Appendix A](#) for list of Exit codes.
- j. **IEP Revision Without a Meeting.** If the IEP is being REVISED WITHOUT AN IEP MEETING ([§300.324\(a\)\(4\)](#)), check the appropriate box and indicate whether the revision without an IEP meeting was requested by the parent or the school district.
- k. **Other** Select “Other” if the purpose of the meeting is for any other reason.
- l. Enter the date that **IEP SERVICES WILL BEGIN** (month/day/year).
- m. Enter the date which corresponds to the **ANTICIPATED DURATION OF SERVICES** (the expected length of time this IEP will be in effect) **(No more than one year)**.
- n. Enter the **IEP REVIEW DATE**. This date must be projected to be no more than one year from the date of this IEP meeting (month/day/year) **(No more than one year)**.
- o. If the IEP is being **REVISED WITHOUT AN IEP MEETING** ([§300.324\(a\)\(4\)](#)), check the appropriate box and indicate whether the revision without an IEP meeting was requested by the parent or the school district.
- p. Use the **COMMENTS** to note any additional important information, e.g., that the meeting was conducted via telephone, that the meeting is being held in response to a parental request, or that the parent is not in attendance. If this page is completed in conjunction with an IEP revision, comments should reflect that unrevised content in the student’s previous IEP (specify date) remain in effect.

**IEP PARTICIPATION**

Parent/Guardian/Surrogate*	_____	Speech/Language Therapist/Pathologist/Specialist	_____
Student**	_____	School Nurse	_____
LEA Representative*	_____	Interpreter	_____
Special Education Teacher*	_____	Other (name and role)	_____
Regular Education Teacher***	_____	Other (name and role)	_____
School Psychologist	_____	Other (name and role)	_____
*Required participant.			
** Student must be invited when transition is discussed (beginning at age 14 or younger if appropriate).			
***The IEP team must include at least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment).			

**PARTICIPATION**

Consider the requirements for IEP participation when arranging and providing written notice of the meeting. ([§300.321](#))

- a. Indicate the individuals who participated in the meeting and applicable explanatory notes (e.g., parent participated by telephone) [NAC 388.302](#). Write legibly.  
\*Note. The LEA rep cannot also be one of the required teachers.
- b. ATTENDANCE NOT NECESSARY: If the parent and the district agree that a required member's attendance is not necessary at an IEP meeting ([§300.321\(e\)\(1\)](#)), the phrase "attendance not necessary" should be entered on the applicable participant line with a note describing where in the folder the parent's written agreement is located.
- c. EXCUSAL: If the parent and district agree, and if the parent consents in writing, that a required member may be excused from attending an IEP meeting ([§300.321\(e\)\(2\)](#)), the phrase "excused" should be entered on the applicable participant line with a note describing in the folder where the parent's written consent is located.
- d. IEP REVISION WITHOUT IEP MEETING: If the IEP is being revised without an IEP meeting ([§300.324\(a\)\(4\)](#)), indicate the individuals who participated in developing the revision.

IEP PAGE 1 (continued)

**PROCEDURAL SAFEGUARDS**

<input type="checkbox"/> I have received a statement of procedural safeguards under the Individuals with Disabilities Education Act (IDEA) and these rights have been explained to me in my primary language. <p style="text-align: center;">Parent Signature _____</p>
AT LEAST ONE YEAR PRIOR TO REACHING AGE 18, STUDENTS MUST BE INFORMED OF THEIR RIGHTS UNDER IDEA AND ADVISED THAT THESE RIGHTS WILL TRANSFER TO THEM AT AGE 18. <input type="checkbox"/> Not applicable. Student will not be 18 within one year, and the student's next annual IEP meeting will occur no later than the student's 17th birthday. <input type="checkbox"/> The student has been informed of his/her rights under IDEA and advised of the transfer of these rights at age 18.

**PROCEDURAL SAFEGUARDS**

- a. A copy of the procedural safeguards must be provided to the parent at least once per year. ([§300.504\(a\)](#)) However, during the IEP meeting these rights should be explained to the parent. After the parental rights have been explained, ask the parent to check the **first box** and sign the form.
- b. Check the appropriate box to indicate whether the student has been informed of the transfer of rights that will occur at age 18. ([§300.320\(c\)](#)) This process must occur at least one year prior to the student's 18th birthday. Consequently, if the student is 16 at the time an IEP is being developed, and there is no expectation that another IEP meeting will be held prior to the student turning 17, the rights transfer must be discussed when the student is 16; otherwise, it will not be discussed at least one year prior to reaching age 18.

<b>PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE</b>		
Consider results of the initial evaluation or most recent reevaluation, and the academic, developmental, and functional needs of the student, which may include the following areas: academic achievement, language/communication skills, social/emotional/behavior skills, cognitive abilities, health, motor skills, adaptive skills, pre-vocational skills, vocational skills, and other skills as appropriate. For students who are 16 or older, or will turn 16 when this IEP is in effect, also consider the results of age appropriate transition assessments related to training/education, employment, and independent living skills (as appropriate).		
<b>ASSESSMENTS CONDUCTED</b>	<b>ASSESSMENT RESULTS</b>	<b>EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES</b>

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Write the student's **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE** in the space provided. ([§300.320\(a\)\(1\)](#)) Functional performance generally refers to a student's ability to function in real-world environments. This information serves as the foundation for the development of the goals and objectives in the IEP. Data should be collected in a variety of areas (refer to the areas listed on the form), from a variety of sources. Federal law requires the IEP team to consider relevant results of the initial evaluation or most recent evaluation of the student and the academic, developmental, and functional needs of the student. For students who are 16 or older, or who will turn 16 when the IEP is in effect, also consider the results of age appropriate transition assessments related to training/education, employment, and independent living skills (as appropriate).

**ASSESSMENTS CONDUCTED**

Write the name of the assessments, and date assessment was conducted, that provide pertinent information for the development of the IEP. This may include formal or informal methods, norm- or criterion- referenced tests, classroom observations, student work samples, teacher-made or other achievement tests, recent evaluations, behavior rating scales, performance data from regular education teachers, parental input, etc.

**ASSESSMENT RESULTS**

Describe the assessment results corresponding to the assessments conducted. Build a profile of the student's current abilities that includes both academic achievement and functional performance.

**EFFECT ON STUDENT'S INVOLVEMENT AND PROGRESS IN THE GENERAL CURRICULUM OR, FOR EARLY CHILDHOOD STUDENTS, INVOLVEMENT IN DEVELOPMENTAL ACTIVITIES**

Describe how the student's disability affects his or her involvement and progress in the general curriculum. For early childhood students, focus on the student's involvement in appropriate developmental activities. Information recorded here should relate to the assessment results and describe how the student's disability will affect involvement/progress in general curriculum or appropriate developmental activities.

In describing the student's current and anticipated level of participation in the general curriculum, consider the following:

- a. If the student is currently participating in regular education classes, the regular education teacher(s) must be consulted regarding the student's performance relative to the classroom expectations. The regular education teacher(s) should share information regarding the accommodations, modifications, or supports that are currently being provided or might be required in order for the student to participate meaningfully in the general curriculum.
- b. If instruction in the general curriculum is being provided in a resource or self-contained setting, regular education teachers should be consulted regarding curriculum content and achievement level expectations.
- c. If the student has not participated in the general curriculum due to the nature and severity of his or her disability, information about the student's performance in applied academics, functional academics, vocational skills training, and other alternative programs will also be useful to the team.

This page is a continuation of the **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**. Continue to discuss and record data regarding the student's academic and functional performance in order to develop appropriate goals and objectives. This information may be collected before the IEP meeting or solicited from the participants during the meeting.

**STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES**

<b>STATEMENT OF STUDENT STRENGTHS</b>
<b>STATEMENT OF PARENT EDUCATIONAL CONCERNS</b>
<b>STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS</b> <i>(required if transition services will be discussed, beginning at age 14 or younger if appropriate)</i>
<i>If student was not in attendance, describe the steps taken to ensure that the student's preferences and interests were considered:</i>

**STRENGTHS, CONCERNS, INTERESTS AND PREFERENCES**

**STATEMENT OF STUDENT STRENGTHS**  [\(§300.324\(a\)\(i\)\)](#)

Formulate a statement of student strengths to capture key information that can be utilized in developing goals and objectives. A student's strengths are revealed through assessments, observations, and other data; strengths are also revealed through input from parents, teachers, and others who have worked with the student. Input from the student is also important in reflecting strengths.

**STATEMENT OF PARENT EDUCATIONAL CONCERNS**  [\(§300.324\(a\)\(ii\)\)](#)

Complete the statement to reflect the parents' concerns as they relate to the student's educational success. This information should be taken into consideration when determining IEP services.

**STATEMENT OF STUDENT'S PREFERENCES AND INTERESTS**  [\(§300.321\(b\)\(2\)\)](#)

Write a statement of student's preferences and interests if transition services are being discussed, beginning when the student is 14 or younger if appropriate. This information may be collected before the meeting or solicited from the student during the meeting. If transition will be discussed at the meeting, the student must be invited.  [\(§300.321\(b\)\(1\)\)](#) Also, the written notice of the IEP meeting must specify that transition services will be discussed and that the student is being invited.  [\(§300.322\(b\)\(i\)\)](#)

*\*Note if student was not in attendance the IEP must document steps taken to ensure student's preference sand interests were considered.*

**CONSIDERATION OF SPECIAL FACTORS** ([§300.324\(a\)\(2\)](#); [§300.324\(b\)\(2\)](#); [NAC388.284](#), [NRS §388.477](#), [AB 341](#))

Check **Yes** or **No** to indicate the team's consideration of each of the six special factors in this section. Each of these factors may impact the development of a student's IEP. If the team chooses **Yes** for any of the factors, address this factor in the student's IEP. The team may address special factors in a variety of ways, including goals and objectives, behavior plans, supplementary aids and services, related services, accommodations, or modifications.

- If the student is deaf or hard of hearing the IEP committee must consider all of the following options for item #5 in accordance with [NRS §388.477](#).
- If the student has been found eligible for a specific learning disability and dyslexia then the IEP committee must consider all of the following options for item #5 in accordance with [AB 341](#).

**CONSIDERATION OF SPECIAL FACTORS**

Does the student's behavior impede the student's learning or the learning of others? If YES, IEP committee <b>must provide</b> positive behavioral strategies, supports and interventions, or other strategies, supports and interventions to address that behavior. <input type="checkbox"/> Addressed in IEP.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.
2. Does the student require assistive technology devices and services? If YES, IEP committee <b>must determine</b> nature and extent of devices and services. <input type="checkbox"/> Addressed in IEP.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.
3. Does the student have limited English proficiency? If YES, IEP committee <b>must consider</b> the following (check box if IEP committee considered the item): <input type="checkbox"/> Language needs of the student as those needs relate to the student's IEP.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.
4. Is the student blind or visually impaired? If YES, IEP committee must evaluate 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 use of Braille) and <b>must provide</b> for instruction in Braille and use of Braille <b>unless determined not appropriate</b> for the student. <input type="checkbox"/> Braille instruction and use of Braille is not appropriate for student. <input type="checkbox"/> Braille instruction and use of Braille is addressed in IEP.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.
5. Is the student deaf or hard of hearing? If YES, IEP committee <b>must consider</b> the student's language and communication needs and consider the following (check box if IEP committee considered the item): <input type="checkbox"/> The related services and program options that provide the student with an appropriate and equal opportunity for communication access. <input type="checkbox"/> The student's primary communication mode. <input type="checkbox"/> The availability to the student of a sufficient number of age, cognitive, academic and language peers of similar abilities. <input type="checkbox"/> The availability to the student of adult models who are deaf or hearing impaired and who use the student's primary communication mode. <input type="checkbox"/> The availability of special education teachers, interpreters and other special education personnel who are proficient in the student's primary communication mode. <input type="checkbox"/> The provision of academic instruction, school services and direct access to all components of the educational process, including, without limitation, advanced placement courses, career and technical education courses, recess, lunch, extracurricular activities and athletic activities. <input type="checkbox"/> The preferences of the parent or guardian of the student concerning the best feasible services, placement and content of the student's IEP. <input type="checkbox"/> The appropriate assistive technology necessary to provide the student with an appropriate and equal opportunity for communication access.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.
6. Does the student have a Specific Learning Disability and Dyslexia? If YES, the IEP committee <b>must consider</b> the following instructional approaches (check box if IEP committee considered the item): <input type="checkbox"/> Explicit, direct instruction that is systematic, sequential and cumulative and follows a logical plan of presenting the alphabetic principle that targets the specific needs of the student. <input type="checkbox"/> Individualized instruction to meet the specific needs of the student in an appropriate setting that uses intensive, highly-concentrated instruction methods and materials that maximize student engagement. <input type="checkbox"/> Meaning-based instruction directed at purposeful reading and writing, with an emphasis on comprehension and composition. <input type="checkbox"/> Multisensory instruction that incorporates the simultaneous use of two or more sensory pathways during teacher presentations and student practice.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.

**TRANSITION**

**TRANSITION**

<b>DIPLOMA OPTION SELECTED FOR GRADUATION</b> (Diploma option must be declared at age 14 and reviewed annually.)	
<input type="checkbox"/> Standard or Advanced High School Diploma. Must complete all applicable credit requirements and pass the High School Proficiency Examination (with permissible accommodations as needed).	<input type="checkbox"/> Adjusted High School Diploma. Must complete IEP requirements.

**DIPLOMA OPTION SELECTED FOR GRADUATION** ([NAC §389](#))

Check the box that reflects the IEP team's decision regarding the appropriate diploma option for the student. The team must select an option beginning at age 14 and review this choice annually.

<b>STUDENT'S VISION FOR THE FUTURE</b> A short statement that directly quotes what the student wants for the future.
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**STUDENT'S VISION FOR THE FUTURE**

Include the student's vision for the future--a short statement that directly quotes what the student wants for the future.

<b>STATEMENT OF TRANSITION SERVICES: COURSE OF STUDY</b> Beginning at age 14 or younger if determined appropriate by the IEP team, describe the focus of the student's course of study.
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**STATEMENT OF TRANSITION SERVICES: COURSE OF STUDY** ([NAC §388.284.1\(e\)](#))

Describe the anticipated course of study the student will be pursuing (such as participation in advanced placement courses or a vocational education program) that will promote movement to postsecondary goals. In completing this section, focus attention on how the student's educational program can be planned to help the student make a successful transition to his/her goals for life after secondary school. Consider the relationship of the course work selected to the student's preferences and interests [described in the vision statement and statement of measurable postsecondary goals] as well as present levels of academic achievement and functional performance. As indicated on the form the student's course of study is to be determined beginning at age 14 or younger if determined by the team.

**STATEMENT OF MEASURABLE POSTSECONDARY GOALS**

Beginning not later than the first IEP to be in effect when the student is 16, describe measurable postsecondary goals in the following areas:

- Training/Education
- Employment
- Independent Living Skills (As Appropriate)
- Other

**STATEMENT OF MEASURABLE POSTSECONDARY GOALS  [\(§300.320\(b\)\(1\)\)](#)**

- a. Measurable postsecondary goals must be written, at a minimum, for Training/Education and Employment.
- b. The descriptions reflect what the student wants to do after high school—the descriptions are measurable if the accomplishment of the postsecondary goal could be verified at some point in the future (e.g., whether or not a student obtained employment as an electrician).

A Measureable Postsecondary Goal IS:

- An outcome that occurs after the student has exited high school.
- A statement based on age appropriate transition assessment.
- What the student would like to achieve AFTER high school.
- Measurable.

Measureable Postsecondary Goal Areas

Required by law:

- Training or Education
- Employment

Optional –use when appropriate based on student needs:

- Independent living

**TRANSITION (continued)**

<p><b>STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES</b>  <small>Beginning not later than the first IEP to be in effect when the student is 16, develop a statement of needed transition services, including strategies or activities, for the student.</small></p>
<p>Instruction</p> <p>Any Other Agency Involvement (Optional):</p>
<p>Related Services</p> <p>Any Other Agency Involvement (Optional):</p>
<p>Community Experiences</p> <p>Any Other Agency Involvement (Optional):</p>
<p>Employment and Other Post-School Adult Living Objectives</p> <p>Any Other Agency Involvement (Optional):</p>
<p>Acquisition of Daily Living Skills and Functional Vocational Evaluation (if appropriate)</p> <p>Any Other Agency Involvement (Optional):</p>
<p>Other</p> <p>Any Other Agency Involvement (Optional):</p>

**STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES**  [\(§300.320\(b\)\(2\)\)](#)

- a. Write a statement of transition strategies or activities to work toward the measurable postsecondary goals already. The statement must address each type of coordinated activity: instruction, related services, community experiences, the development of employment and other post-school adult living objectives; and, if appropriate, acquisition of daily living skills and a functional vocational evaluation.
- b. Develop measurable annual goals and benchmarks or short-term objectives in the IEP for each strategy or activity the district will provide.
- c. Consider the following information when completing this section:

- (1) Instruction is the use of formal techniques to impart knowledge. Describe the areas where specially designed instruction is being provided that supports attainment of postsecondary goals that is provided in schools (e.g., regular education classes, academic instruction, tutoring arrangements, etc.). Instructional activities may be provided by various entities or in other locations (e.g., adult basic education, 2+2 programming, and post-secondary schools).
- (2) Related Services Enter services necessary to assist the student to benefit from specially designed instruction. Describe areas where related services are being provided that support attainment of postsecondary goals. E.g.(RS in counseling supports positive student: peer interactions and positive student: adult interactions)
- (3) Community experiences are those services provided outside of the school building, in the community settings, or perhaps by schools or other agencies (e.g., community-based work experiences, job site training programs, banking, shopping, transportation, community counseling, recreational services, independent living centers, adult service providers, etc.).
- (4) Employment and other post-school adult living objectives are services that lead to a job or career. The objectives may also include adult activities that are done infrequently, such as registering to vote, doing taxes, renting a home, accessing medical services, SSI, filing for insurance, etc. The school or other entities could provide these activities.
- (5) Acquisition of Daily Living Skills and Functional Vocational Evaluation
  - Daily living skills are those activities adults do every day (e.g., preparing meals, budgeting, maintaining a home, paying bills, caring for clothes, personal grooming etc.). The school or other entities could provide these activities.
  - Functional vocational evaluation is an assessment process that provides information about job or career interests, aptitudes and skills. It may be gathered through situational assessments, observations, or formal measures. It should be practical. Schools or other entities could provide these activities.
- (6) Other: Use this area to add any other Agency involvement with the student (Optional)

\*Note: The above options must be addressed but can say “none needed.”

#### **INTERAGENCY RESPONSIBILITIES OR ANY NEEDED LINKAGES**

At the option of the IEP team, any other anticipated agency involvement may be noted.

**IEP GOALS, INCLUDING ACADEMIC AND FUNCTIONAL GOALS, AND BENCHMARKS OR SHORT-TERM OBJECTIVES**

<p><b>MEASURABLE ANNUAL GOAL</b> (including how progress toward the annual goal will be measured)</p> <p><input type="checkbox"/> Check here if this goal supports the student's postsecondary goal(s) and identify the goal(s) to which it relates:</p> <p><input type="checkbox"/> Training/Education   <input type="checkbox"/> Employment   <input type="checkbox"/> Independent Living Skills   <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Check here if this goal will be addressed during Extended School Year Services (ESY)</p>	<p><b>PROGRESS REPORT</b></p> <p>3. Satisfactory Progress Being Made (continue)</p> <p>2. Unsatisfactory Progress Being Made (need to review/revise)</p> <p>3. Goal Met (note date)</p>			
	<p>Date <input type="text"/></p>	<p>Date <input type="text"/></p>	<p>Date <input type="text"/></p>	<p>Date <input type="text"/></p>
	<p><b>Progress</b></p>	<p><b>Progress</b></p>	<p><b>Progress</b></p>	<p><b>Progress</b></p>
# <input type="text"/>				
# <input type="text"/>				
# <input type="text"/>				
# <input type="text"/>				

**IEP GOALS AND BENCHMARKS OR SHORT TERM OBJECTIVES**

**MEASURABLE ANNUAL GOAL** ([§300.320\(a\)\(2\)](#))

- a. Annual goals are developed for each area of need identified by the IEP team in the **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE; STRENGTHS, CONCERNS, INTERESTS, AND PREFERENCES;** and the **STATEMENT OF TRANSITION SERVICES.** There is a one-to-one correspondence between identified need, current performance level, and annual goal. Annual goals represent the IEP team's estimate of what the student can reasonably be expected to accomplish with specially designed instruction or support during the next 12 months. Annual goals reflect the IEP team's judgment, based on current levels of performance, potential for learning, and rate of development, regarding what the student should accomplish. The team answers the question, *"With specially designed instruction, what do we expect the student to do or know at the end of the next 12 months?"*
- b. Goal statements should have four parts:
  - (1) Direction of the behavior (e.g., increase, maintain, decrease);
  - (2) Area of needs (e.g., reading, social skills, communication);
  - (3) Level of attainment or success (e.g., to grade level, with 100% accuracy, or as appropriate for a typical six-year-old);
  - (4) How progress toward the annual goal will be measured.
- c. The measurable annual goals should relate to meeting the student's needs that result from the student's disability to enable the student to be involved in and progress in the general curriculum and meeting each of the student's other educational needs that result from the student's disability.
- d. Beginning not later than the first IEP to be in effect when the student is 16, the IEP must include measurable goals that support the student's postsecondary goal(s) in the areas of training/education, employment, and (as appropriate) independent living skills. Check applicable boxes to indicate the areas addressed.
- e. If an IEP team determines that a student will receive Extended School Year (ESY) services, check applicable boxes to indicate the goal(s) that will be addressed during ESY.

## REPORT OF PROGRESS

If the decision under **METHOD FOR REPORTING PROGRESS** (next section of the IEP) is to use **IEP Goals Pages** to report on progress, these cells will be used to periodically report on the student's progress. On each occasion that progress toward annual goals is reported using these goal pages, write the **Date** in the **Date** box, and in the space below, write the number (1, 2, or 3) that corresponds to the descriptor for the student's progress at that point in time. Duplicate the goal page and provide it to parents on each occasion that progress is reported.

## BENCHMARK OR SHORT-TERM OBJECTIVE [\(NAC §388.284.1\(b\)\)](#)

Each annual goal must include either benchmarks or short-term objectives. The purpose of both is to enable a student's teachers, parents, and others involved in developing and implementing the IEP to gauge, at intermediate times during the year, how well the student is progressing toward achievement of the annual goal. An IEP team may use either short-term objectives or benchmarks or a combination of the two depending on the nature of the annual goals and the needs of the student.

- a. **BENCHMARK.** IEP teams may develop benchmarks, which can be thought of as describing the amount of progress the student is expected to make within specified segments of the year. Generally, benchmarks establish expected performance levels that allow for regular checks of progress that coincide with the reporting periods for informing parents of the student's progress toward achieving the annual goals.
- b. **SHORT-TERM OBJECTIVE.** Alternatively, IEP teams may develop short-term objectives that generally break the skills described in the annual goal down into discrete components.

### METHOD FOR REPORTING PROGRESS

<p>METHOD FOR REPORTING THE STUDENT'S PROGRESS TOWARD MEETING ANNUAL GOALS (check all methods that will be used)</p> <p><input type="checkbox"/> IEP Goals Pages                      <input type="checkbox"/> District Report Card</p> <p><input type="checkbox"/> Specialized Progress Report        <input type="checkbox"/> Parent Conferences</p> <p><input type="checkbox"/> Other _____</p>	<p>PROJECTED FREQUENCY OF REPORTS</p> <p><input type="checkbox"/> Quarterly                                  <input type="checkbox"/> Semester</p> <p><input type="checkbox"/> Trimester                                 <input type="checkbox"/> Other _____</p>
--	---

### **METHOD FOR REPORTING PROGRESS** ([§300.320\(a\)\(3\)](#))

#### **METHOD FOR REPORTING THE STUDENT'S PROGRESS TOWARD MEETING ANNUAL GOALS**

- a. State and federal law require that the IEP team determine how the student's parents will be regularly informed (such as through the use of quarterly or other periodic reports, or other means) of their child's progress toward the annual goals. ([§300.347\(a\)\(7\)](#))
- b. Check the boxes to reflect the methods by which progress will be reported. More than one method may be selected.  
*\*Note: Report cards do not necessarily report progress towards goals.*

#### **PROJECTED FREQUENCY OF REPORTS**

Check the box to project the frequency of reports.

## SPECIAL EDUCATION SERVICES

SPECIALLY DESIGNED INSTRUCTION	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES

### **SPECIAL EDUCATION SERVICES**

#### **SPECIALLY DESIGNED INSTRUCTION** ([§300.320\(a\)\(4\)](#))

- a. Federal regulations require a statement of the special education services that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
  
- b. This section summarizes the special education services to be provided to the student in the areas for which annual goals have been written. Describe the area in which specially designed instruction will be provided. While teaching and related service methodologies or approaches are appropriate topics for discussion and consideration by the IEP team, they are not expected to be written into the IEP. In general, changing a particular method or approach would not necessitate an additional IEP meeting. ([Congressional Committee Report, HR-5, 1997](#))
  
- c. If a student will receive specialized instruction in an academic content area, write the content area in this column (e.g., Math, English/Language Arts, and Science). If a student is receiving specially designed instruction in other areas, write the focus of the specially designed instruction in this column (e.g., study skills, vocational skills, community-based functional skills).

\*Must have a NEED established in the PLOPS and list the curricular or developmental areas where goals are written

#### **BEGINNING AND ENDING DATES** ([§300.320\(a\)\(7\)](#))

Write the dates when the specially designed instruction is scheduled to begin and end. In most instances, these dates will correspond to the IEP initiation and duration dates noted on the first page of the IEP.

#### **FREQUENCY OF SERVICES** ([§300.320\(a\)\(7\)](#))

Write how often the services will be provided. For example, if a student is receiving specially designed instruction in Math each day, write "one period per day." If the student is receiving adaptive physical education each week, write "one hour per week." The amount of services to be provided must be stated in the IEP, so that the level of the commitment of resources will be clear to parents and other IEP team members. The amount of a special education service to be provided to a student may be stated in the IEP as a range (e.g., 30-45 minutes per week) **only if** the IEP team determines that stating the amount of services as a range is necessary to meet the unique needs of the student. For example, the IEP may specify that particular services are needed only under specific circumstances, such as the occurrence of a seizure or of a particular behavior. A range may not be used because of personnel shortages or uncertainty regarding the availability of staff.

#### **LOCATION OF SERVICES** ([§300.320\(a\)\(7\)](#))

Describe the location where the services will be provided. The location of services in the context of an IEP generally refers to the type of environment that is the appropriate place for provision of the service. For example, the specially designed instruction may be provided in the student's regular classroom or in a resource room.

### SUPPLEMENTARY AIDS AND SERVICES

Includes aids, services, and other supports provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate.

MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL Provide specific description(s) below.	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES

### SUPPLEMENTARY AIDS AND SERVICES ([§300.320\(a\)\(4\)](#))

#### **MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL**

- a. Federal regulations require a statement of the supplementary aids and services and program modifications or supports for school personnel that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- b. Describe each appropriate **MODIFICATION, ACCOMMODATION, OR SUPPORT FOR STUDENT OR PERSONNEL**; alternatively, select the number from the supplemental list titled "Modifications, Accommodations, and Supports" and enter the corresponding number in this row. If the modification, accommodation, or support is needed in a specific content area, specify the area(s). For example, if a student has difficulty in reading and requires more time to take tests that require reading, specify the content areas (e.g., history, social studies) where the accommodation for test-taking will be provided. Some of the items listed require additional descriptions. If these items are referred to by number on the IEP, the additional description must be provided. For example, number 7, "Special Seating," requires a description of the nature of the seating for an individual student. The row could be completed as follows: **#7, in front row for all regular classes.**
- c. If the supplemental list is used, a copy must be "stapled" to the IEP within the Student Information System and given to the parent so that the references are clear.
- d. In general, accommodation involves adapting instructional strategies (materials, manner of presentation, grouping format) and/or the classroom environment (seating arrangements, lighting, sound, etc.) for students with special needs. Classroom accommodations can be made across educational settings, such as the regular education classroom, the resource room, and special classes.
- e. In general, modification means changing the program/curriculum when reasonable accommodations will not be effective in allowing the student to participate in the regular education classroom. Modifications are greater or more extensive changes that significantly alter the scope or content of the general education curriculum and are based on the student's need for such changes.
- f. Nonacademic services [34 CFR 300.107\(a\)](#). Each public agency must take steps, including the provision of supplementary aids and services determined appropriate and necessary by the child's IEP Team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities and equal opportunity for participation in those services and activities.

#### **BEGINNING AND ENDING DATES**

#### **FREQUENCY OF SERVICES**

#### **LOCATION OF SERVICES**

Guidelines for beginning and ending dates, frequency of services, and location of services are provided above in the section titled [SPECIAL EDUCATION SERVICES](#).

RELATED SERVICE	SERVICE TYPE AND/OR DESCRIPTION <i>A - Assessment</i> <i>C - Consultative</i> <i>D - Direct</i>	BEGINNING AND ENDING DATES	FREQUENCY OF SERVICES	LOCATION OF SERVICES
Select Related Service	Select Service Type Description: [ ]	[ ] - [ ]	[ ]	[ ]
Select Related Service	Select Service Type Description: [ ]	[ ] - [ ]	[ ]	[ ]
Select Related Service	Select Service Type Description: [ ]	[ ] - [ ]	[ ]	[ ]
Select Related Service	Select Service Type Description: [ ]	[ ] - [ ]	[ ]	[ ]
Select Related Service	Select Service Type Description: [ ]	[ ] - [ ]	[ ]	[ ]
Select Related Service	Select Service Type Description: [ ]	[ ] - [ ]	[ ]	[ ]

**RELATED SERVICES** ([§300.320\(a\)\(4\)](#)), ([NAC 388.101](#))

**RELATED SERVICE**

- Federal regulations require a statement of the related services that will be provided for the student to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other students with disabilities and nondisabled students in these activities.
- Select the necessary related service that are necessary for the student to benefit from special education. Additions to this list may be described under "Other."
- If the same Related Service has multiple service types then you must add separate rows for A, C, D because frequency or location could vary.
- If no related Services are needed then use the option for "None Needed".
- A list of options for Related Services can be found in [Appendix A](#).

**SERVICE TYPE AND/OR DESCRIPTION**

Use **A** for assessment services, **C** for consultative services, or **D** for direct services. If other service delivery models are used, provide a description.

**BEGINNING AND ENDING DATES**

**FREQUENCY OF SERVICES**

**LOCATION OF SERVICES**

Guidelines for beginning and ending dates, frequency of services, and location of services are provided above in the section titled [SPECIAL EDUCATION SERVICES](#).

**PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS**

Indicate how the student will participate in statewide or district-wide assessments.	If the student will participate in an alternate assessment, explain why the student cannot participate in the regular assessment, and why the particular alternate assessment selected is appropriate	If the student will participate in a regular assessment, does the student require accommodations?
<b>State Criterion-Referenced Test (CRT)</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Alternate		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
<b>End of Course Exams</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
<b>College and Career Readiness Assessment</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, list on "Accommodation(s) for the Nevada Proficiency Examination Program" (attach form).
<b>Other (List):</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes   List Accommodation(s):

**PARTICIPATION IN STATEWIDE AND/OR DISTRICT-WIDE ASSESSMENTS (§300.320(a)(6))**

- a. Column one is used to indicate how the student will participate in the state or district-wide assessments listed. NA applies if during the period of time covered by the IEP, the student will not be in the grade in which a particular assessment is administered.
- b. For a student who will participate in an alternate to the regular assessment listed, column two is used to why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate.
- c. If the student will participate in state norm-referenced tests, state criterion-referenced tests, the High School Proficiency Exam, or the Proficiency Examination in Writing, and the student requires accommodations, complete the "Accommodation(s) for the Nevada Proficiency Examination Program" form and attach to the IEP. Accommodations not specifically listed (those that might be added as "Other") must be approved individually by the Nevada Department of Education to assure a valid administration of the test. Accommodations for participation in district-wide tests must be in accordance with district guidelines.
- d. Occasionally, an IEP team may decide that there would be value in testing a student even though the provision of modifications will lead to an invalid administration. Write these modifications on the bottom of the "Accommodation(s) for the Nevada Proficiency Examination Program" form and attach to the IEP.
- e. Complete the "Accommodation(s) for the Nevada Proficiency Examination Program" form for each student participating in a state assessment and attach to the IEP to reflect testing decisions made for the student. The form duplicates the IEP content to a certain extent, but a copy of the "Accommodation(s)" form can then be used by testing programs as a stand-alone document.

### EXTENDED SCHOOL YEAR SERVICES

Does the student require extended school year services?

No  Yes If YES, IEP goals and benchmarks/short-term objectives and/or related services to be implemented in ESY must be identified.

If need for ESY is to be determined at a later date, indicate date by which IEP decision will be made: \_\_\_\_\_

#### **EXTENDED SCHOOL YEAR SERVICES** ([§300.106](#))

Extended school year services must be provided only if a student's IEP team determines, on an individual basis, that the services are necessary for the provision of a free appropriate public education to the student. A school district may not limit extended school year services to particular categories of disability or unilaterally limit the type, amount, or duration of those services. ([§300.106\(a\)\(2-3\)](#))

- a. If the IEP has determined whether the student requires extended school year services, check the box to reflect the team's decision. Develop appropriate goals and benchmarks or short-term objectives, or indicate whether existing goals will be addressed during extended school year services (see box to check in goals section), and describe any special education services, related services, or supplementary aids and services that will be provided.
- b. If the timing of the current IEP is such that the need for extended school year services should be considered at a later date, indicate the date by which the IEP team will reconvene to make the necessary decisions and plans.

## PLACEMENT

PLACEMENT CONSIDERATIONS			PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	The student will spend _____ % of his or her school day in the regular education environment.
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<input type="checkbox"/>	<b>Selected</b>	<input type="checkbox"/> <b>Rejected</b>	
<p style="text-align: center;"><b>JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS*</b></p> <p>Explain why the IEP goals and objectives cannot be implemented in regular education environments, including the reasons why the team rejected a less restrictive placement. Include an explanation of any harmful effects on the learning of this or other students which affected the placement selection.</p>			
<p><small>*Regular education environments include academic classes (which might include field trips linked to the curriculum), nonacademic settings (such as recess), and extracurricular activities (for example, sports, after-school clubs, band, etc.).</small></p>			

### **PLACEMENT**

#### **PLACEMENT CONSIDERATIONS**

Check boxes to reflect any placements actually considered by the IEP team. ([NAC §388.284\(1\)\(k\)](#))

#### **PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT**

Calculate and list the average percentage of time this student will spend in the regular education environment.

#### **JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS** ([§300.320\(a\)\(5\)](#))

The team must explain why the student's IEP cannot be implemented in the regular education environment with the use of supplementary aids and services. Factors to consider relate to needs for specialized curriculum and instruction; highly individualized instructional methods and materials; extraordinary teacher expertise; frequency and intensity of staff intervention and support; and structured environments to support social/behavioral needs. This is not an exhaustive list of considerations, nor is it as specific as justification statements for a particular student should be. Justifications must be individualized and relate to each student's particular needs. Statements to avoid:

1. Statements that merely name or describe the student's disability category.
2. Statements that are too general and that do not justify removal from regular education settings based upon each student's unique needs.
3. Justification statements that rely solely on accommodations that can clearly be met in a less restrictive setting such as "a small group setting" or "1:1 instruction."

**JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS (continued)**

Placements that require removal of the student from regular classes must be justified in the student's IEP. Special classes, separate schooling, or other removal of students with disabilities from the regular educational environment can only occur if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (§300.114) In selecting the least restrictive environment, consideration must be given to any potential harmful effect on the student or on the quality of services that he or she needs. (§300.116(d)) A student with a disability may not be removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum. (§300.116(e))

**IEP IMPLEMENTATION**

**IEP IMPLEMENTATION**

<input type="checkbox"/> As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.
<input type="checkbox"/> As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP. If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.
Parent Signature _____

- a. The IEP team should work toward consensus in making IEP decisions, but the school district has the ultimate responsibility to ensure that the IEP includes the services the student needs in order to receive a free appropriate public education. If the team cannot reach consensus, the public agency must provide the parents with prior written notice of the school district's proposals or refusals, or both, regarding the student's educational program and the parents have the right to seek resolution of any disagreements by initiating an impartial due process hearing. ([Title 34 Part 300 Subpart E](#))
  
- b. At the conclusion of the meeting, the parent may check either the **first box** (agree) or the **second box** (disagree) to indicate whether a consensus has been reached. If the parent does not wish to check either box, the school district must still determine whether a consensus has been reached, and follow the applicable procedures outlined above. **Note: There is no legal requirement for parents to sign IEPs. It is a convenient method for documenting participation and for clarifying whether parents are in consensus with the provisions of the IEP. If the parent declines to complete and sign this section of the IEP, the district must evaluate whether consensus has been reached and must take the appropriate steps outlined above.**

<input type="checkbox"/> A copy of this IEP was provided to the student's parent on : _____ by _____ (date) (name) (title)
---

**DOCUMENTATION THAT COPY WAS PROVIDED TO PARENT**

Use this line to document that a copy of the IEP was provided to the parent.

## Appendix A

Appendix A provides Data Standards for the Nevada IEP, updated on 10/12/2015, and lists the allowable codes for the drop list for the following fields: Student Primary Language, Student English Proficiency Status, Federal Placement Code, Federal Student Ethnicity Code, and Exit. Appendix A is only for the use of providing data standards for Districts who have not migrated to the IEP program within Infinite Campus and should not be part of the printed IEP.

### Student Primary Language:

Districts should use the ISO 639-2 language codes. The ISO 639-2 language codes can be found at the following web site:  
[http://www.loc.gov/standards/iso639-2/php/code\\_list.php](http://www.loc.gov/standards/iso639-2/php/code_list.php).

### Student English Proficiency Status:

- LEP
- NLEP

## FEDERAL STUDENT ETHNICITY CODE

Check the student's ethnicity based upon the following federal descriptors:

<b>H7</b> Hispanic/Latino American, or other	A person of Cuban, Mexican, Puerto Rican, South or Central Spanish culture or origin, regardless of race. Refers to Hispanic and/or Latino.
<b>I7</b> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i>
<b>A7</b> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i>
<b>B7</b> Black or African American <i>(Does not include</i>	A person having origins in any of the Black racial groups of Africa. <i>persons of Hispanic/Latino ethnicity.)</i>

- P7** Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands. (*Does not include persons of Hispanic/Latino ethnicity.*)
- C7** White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (*Does not include persons of Hispanic/Latino ethnicity.*)
- M7** Two or more races listed immediately A person having origins in *two or more of the five race categories above.* (*Does not include persons of Hispanic/Latino ethnicity.*)

**Note that children can only be reported in one race/ethnicity category.**

## FEDERAL PLACEMENT CODE

Check the student's placement code based upon the following federal definitions:

### PLACEMENT CODE FOR STUDENTS AGES 3-5

- E1**      *Regular early childhood program ! 10 hours/week with majority of services in the regular early childhood program.* The child is receiving the majority of hours of special education and related services in the regular early childhood program (and the child attends a regular early childhood program at least 10 hours per week).
- E2**      *Regular early childhood program ! 10 hours/week with majority of services in some other location program.* The child is receiving the majority of hours of special education and related services in some other location (and the child attends a regular early childhood program at least 10 hours per week).
- E3**      *Regular early childhood program < 10 hours/week with majority of services in the regular early childhood program.* The child is receiving the majority of hours of special education and related services in the regular early childhood program (and the child attends a regular early childhood program less than 10 hours per week).
- E4.**      *Regular early childhood program < 10 hours/week with majority of services in some other location program.* The child is receiving the majority of hours of special education and related services in some other location (and the child attends a regular early childhood program less than 10 hours per week).
- E5**      *Separate class.* The child is attending a special education program in a class with less than 50% nondisabled children. (Do not include children who also attend a regular early childhood program. These children should be reported in categories E1, E2, E3, or E4.)
- E6**      *Separate school.* The child is receiving education programs in public or private day schools designed specifically for children with disabilities. (Do not include children who also attend a regular early childhood program. These children should be reported in categories E1, E2, E3, or E4.)
- E7**      *Residential facility.* The child is receiving education programs in publicly or privately operated residential schools or residential medical facilities on an inpatient basis. (Do not include children who also attend a regular early childhood program. These children should be reported in categories E1, E2, E3, or E4.)

**E8** *Home.* The child is receiving special education and related services in the principal residence of the child's family or caregivers, and the child attends neither a regular an early childhood program nor a special education program provided in a separate class, separate school, or residential facility. Include children who receive special education both at home and in a service provider location or some other location that is not in any other category. The term caregiver includes babysitters.

**E9** *Service provider location or some other location that is not in any other category.* The child receives all of the child's special education and related services from a service provider or some other location that is not in any other category, and the child attends neither a regular early childhood program nor a special education program provided in a separate class, separate school, or residential facility. For example, speech instruction provided in:

- private clinicians' offices,
- clinicians' offices located in school buildings, and
- hospital facilities on an outpatient basis.

Do not include children who also receive special education at home. Children who receive special education both in a service provider location and at home should be reported in the home category.

#### **PLACEMENT CODE FOR STUDENTS AGES 6-21**

**B9** *Regular class 80-100%.* The child receives special education and related services inside the regular classroom for 80% or more of the school day. This may include children with disabilities placed in:

- regular class with special education/related services provided within regular classes;
- regular class with special education/related services provided outside regular classes; or
- regular class with special education services provided in resource rooms.

**B10** *Regular class 40-79%.* The child receives special education and related services inside the regular classroom between 40 and 70% of the school day. This may include children placed in:

- resource rooms with special education/related services provided within the resource room; or
- resource rooms with part-time instruction in a regular class.

**B11** *Regular class 0-39%.* The child receives special education and related services inside the regular classroom less than 40% of the school day. These are children who received special education and related services outside the regular classroom for more than 60 percent of the school day. Do not include children who received education programs in public or private separate day or residential facilities. This category may include children placed in:

- self-contained special classrooms with part-time instruction in a regular class; or
- self-contained special classrooms with full-time special education instruction on a regular school campus.

**B12** *Separate School.* The child receives education programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in public or private separate schools. This may include children placed in:

- public and private day schools for students with disabilities;
- public and private day schools for students with disabilities for a portion of the school day (greater than 50 percent) and in regular school buildings for the remainder of the school day; or
- public and private residential facilities if the student does not live at the facility.

**B13** *Residential Facility.* The child receives education programs and lived in public or private residential facilities during the school week. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50 percent of the school day in public or private residential facilities. This may include children placed in:

- public and private residential schools for students with disabilities; or
- public and private residential schools for students with disabilities for a portion of the school day (greater than 50 percent) and in separate day schools or regular school buildings for the remainder of the school day.

Do not include students who received education programs at the facility, but do not live there.

**B14** *Homebound/Hospital.* The child receives education programs in homebound/hospital environment includes children with disabilities placed in and receiving special education and related services in:

- hospital programs, or
- homebound programs.

Do not include children with disabilities whose parents have opted to home-school them and who receive special education at the public expense.

**B15** *Correctional facilities.* The child receives special education in correctional facilities. These data are intended to be a count of all children receiving special education in:

- short-term detention facilities (community-based or residential), or
- correctional facilities.

**B16** *Parentally Placed in Private Schools.* The child has been enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and the child receives special education and related services at public expense from a local educational agency or intermediate educational unit under a service plan.<sup>2</sup> Include children whose parents chose to home-school them, but who receive special education and related services at the public expense. Do not include children who are placed in private schools by the LEA.

## NEVADA Decision Tree for Coding Educational Environments for Children Ages 3 through 5 with IEPs

*Report each child in only one category. Please refer to state guidance and the Protocol Form for specific reporting requirements when using this decision tree.*

**Does the child attend a regular early childhood program?**

**YES**

If YES, determine the following:  
How many hours does the child attend a regular early childhood program?

At least 10 hours per week

If at least 10 hours per week:  
Where does the child receive the majority of hours of special education and related services?  
**E1 - In the regular early childhood program**

**E2 - In some other location**

Less than 10 hours per week

If less than 10 hours per week:  
Where does the child receive the majority of hours of special education and related services?  
**E3 - In the regular early childhood program**

**E4 - In some other location**

*Definitions: Regular Early Childhood Program is a program that includes a majority (at least 50 percent) of nondisabled children (i.e., children not on IEPs). This category may include, but is not limited to:*

- Head Start
- Kindergarten, public or private
- Preschool classes, public or private
- Group child development center or child care

**NO**

If NO, determine the following:  
Is the child attending a special education program?

If YES,  
**E5 - Separate Class**  
**E6 - Separate School**  
**E7 - Residential Facility**

*Definitions:  
E5- Separate Class is a special education classroom which includes a majority (at least 50%) of children with disabilities (i.e., children on IEPs). This category may include, but is not limited to programs in:*

- Regular school buildings
- Trailers, Portables
- Child care facilities
- Hospital facilities – out-patient
- Other community based settings

*E6- Separate School is designed for children with disabilities.  
E7- Residential school or medical facility— inpatient.*

If NO, Is the child receiving the majority of special education and related services in the residence of the child's family or care giver?

If YES,  
**E8 - Home**

If NO,  
**E9 - Is the child receiving the majority of special education and related services in service provider location or other location not in any other category?**

*SPP/APR Indicator 6: Percent of children 3 through 5 with IEPs attending:  
Indicator 6A: regular early childhood program and receiving the majority of special education and related services in the regular early childhood program. (E1+E3 divided by total number of children 3-5 with IEPs x 100)*

*SPP/APR Indicator 6B: Separate special education class, separate school or residential facility. (E5+E6+E7 divided by total number of children 3-5 with IEPs x 100)*

**Exit:**

- B18: Standard Diploma
- B19: Advanced Diploma
- B21: Adjusted Diploma
- B23: Advanced Honors Diploma
- B52: Dropped Out
- D:24: Transferred to Regular Education
- D:25: Parent Refused Services
- D40: Moved known to be continuing
- D41: Moved not known to be continuing
- D43: Reached Max Age
- EB1: Died