



New Hampshire

# Department of Education

New Hampshire Department of  
Education  
Bureau of Special Education Support

New Hampshire Special Education  
Information System (NHSEIS)



Training Manual

For Special Education Case Managers,  
Special Education  
Teachers, Related Service Providers, &  
Others



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# Main Menu Bar



## 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:

My Documents:

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

My Info:

Calendar Icon: View SAU Calendar



Send Us A Message:

Send NHSEIS message answered by NHDOE Staff



# Main Menu Page

## Message of the Day

NHSEIS Maintenance: Software release & Software Patch dates  
See below documents for Memos, Trainings & PD opportunities

## My Messages

New Messages, Send Message, View All Messages, Transfer Requests, Approved transfer requests, Successful Transfers

## My Schools

Lists all school's user is authorized to access students/information

## My Reports

Shows scheduled reports run by user

## My Compliance

Hover over for compliance count

## Students by Disability - Interactive

Click disability column – gives a list of students with primary disability

## Students with Past Due Dates - Interactive

Clicking Column shows list of students beyond timeline of Special Education Process

## Documents

Uploaded documents by the DOE, Trainings & PD opportunities

**Message of the Day** [Edit Message](#)

**NHSEIS Maintenance**  
 Post date: 04/20/2022- NHSEIS will be down from 5:30 PM 8:30 PM every other Thursday for implementation of software patches. Patch Schedule for 2022, April 28, May 12 + 26, June 9 + 23, July 7 + 21, August 4 + 18, September 1 + 15 + 29, October 13 +27, November 10 + 24, December 8 + 22.  
 NHSEIS Release Schedule 2022-2023  
 Friday, July 29, 2022, Friday, October 7, 2022, December 16, 2022, Friday, March 10, 2023, Friday, June 23, 2023

**NEW!!!!**  
 Please see below under specific tabs if you are looking for information regarding Program Approval, DOE Memos, Manuals, PD & Trainings

---

**My Messages** [Send Message](#) [View All Messages](#)

New Messages  
 You Have No New Messages

**My Schools** (4 Schools)

- Henry J. McLaughlin Jr. Middle School
- Manchester Memorial High School
- Middle School At Parkside
- Southside Middle School

---

**My Reports**

All Reports

<a href="#">Exiting Report (Table 4)-Student Records</a>	08/02/2022
<a href="#">Parent Contact Information</a>	08/02/2022
<a href="#">Exiting Report (Table 4)-Student Records</a>	08/02/2022
<a href="#">Active Student Listing (XLS)</a>	08/02/2022
<a href="#">Exiting Report (Table 4)-Student Records</a>	08/02/2022

**My Compliance** [View Percentages](#) | [View Counts](#)

My School's Compliance

Category	Percentage
In Compliance	90%
Coming Due	2%
Out of Compliance	13%

**Students by Disability**

My Students

Disability Category	Count
AUT	1
DF	2
ED	5
ID	4
MD	1
OHI	14
ORT	1
SLD	11
VI	1

---

**Students with Past Due Dates**

My Students

Category	Count
Consent	1
IEP	5

---

**Documents** [Disclaimer/License Agreement](#)

General Files | Program Approval | DOE Memos | PD & Trainings | Manuals | General

- fy\_23\_memo\_5\_aem\_district\_implementation\_plan\_funding.pdf
- AEM\_District\_Implementation\_Plan\_Funding\_Application\_Fillable\_docx
- fy23\_memo\_4\_indicator\_14\_district\_funding.pdf
- Indicator\_14\_District\_Funding\_Application\_Fillable\_docx
- NHSEIS New Features Screenshots for Release 14.20
- NHSEIS New Features for Release 14.20
- Educational Environments Fact Sheet
- Educational Environments

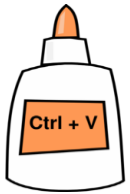




# HELPFUL Basics

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	Accommodations and/or Modifications	Services, Aids & Support	Non-Participation Justification	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 on certain pages.

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.



• ERRORS:  
• The explanation of why

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

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

- ★ District of Liability
- ★ Town of Residence

Click on **Update the Database**

Demographic Information					
★ Name:	First: <input type="text" value="John"/>	Middle: <input type="text"/>	Last: <input type="text" value="Doe"/>	Suffix: <input type="text"/>	<input type="checkbox"/>
Student ID:	<input type="text" value="2097717"/>	<input type="checkbox"/>	★ SA SID:	<input type="text" value="0000034680"/>	<input type="checkbox"/>
★ Date of Birth:	<input type="text" value="03/11/2008"/>	<input type="checkbox"/>	Place of Birth:	<input type="text"/>	<input type="checkbox"/>
★ Gender:	<input type="text" value="Male"/>	<input type="checkbox"/>	★ Prim. Language:	<input type="text" value="English"/>	<input type="checkbox"/>
★ Grade:	<input type="text" value="9th"/>	<input type="checkbox"/>	★ Language of Instruction:	<input type="text" value="English"/>	<input type="checkbox"/>
★ School:	<input type="text" value="High School"/>	<input type="checkbox"/>	★ Hispanic/Latino Ethnicity:	<input type="text" value="No"/>	<input type="checkbox"/>
Length of School Day:	<input type="text" value="5.50"/> <input type="text" value="hour(s)"/> (Std)	<input type="checkbox"/>	★ 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:	<input type="text" value="Concord"/>	<input type="checkbox"/>	★ Town of Residence:	<input type="text" value="Concord"/>	<input type="checkbox"/>
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	<input type="checkbox"/> Student Information Validated with I4See ★				



# Student Menu – *Contacts*

**Parents/Guardians**

### SCREEN 1, PARENTS/GUARDIANS

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

**2** [Add New Parent/Guardian](#)
[Associate with Existing Parent/Guardian](#)

**3** [Update the Database](#)

[View Parent Actions](#)

### SCREEN 2, DEMOGRAPHIC INFORMATION

**5**

Full Name: Gertrude Doe \*  
 Title: Ms. ▾  
 Relationship: Mother ▾ \*  
 Language: English ▾ ?  
 Address: 2 Park Avenue ?  
 City, State, Zip Code: Concord ? NH ? 03301 ?  
 Home Phone: 603-110-5555 ? ▾ ▾  
 Home Fax: ▾ ?  
 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 ? ▾ ▾  
 Work Fax: ▾  
 Cell Phone: 603-112-5555 ? ▾ ▾  
 Other Phone: ▾ ? ▾ ▾  
 E-Mail: gdoe@email.com ?

**6** [Update the Database](#)

Disable Portal Access:   
 Portal Access: [Send Adhoc Access Email](#)  
 Comments:

## Here's what to do

- 1 Click on [Contacts](#)
- 2 Click on [Add New Parent/Guardian](#)
- 3 Add parent/guardian information and click on [Update the Database](#)
- 4 Click on [Details](#)
- 5 Add demographic information.
- 6 Click on [Update the Database](#)
- 7 Repeat steps 4-6 for next parent, if applicable.



# Student Menu - Contact Log Export

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

**Parent Contacts** eleven allie test

View:

Del	Contacting Person *	Person Contacted *	Contact Method *	Contact Date *	Contact Result *	Document *	
<input type="checkbox"/>	Kshitija Chutke	tester	Letter	06/11/2021		-none yet-	Details
<input type="checkbox"/>	Robb Geier	tester	Letter	01/04/2022	Parent contacted - will attend meeting	-none yet-	Details

There are no Non Parent Contacts for this Student yet.

**Print Contact Logs** **Export Contact Logs** ←

Update the Database ?

Add a Contact ?

Add a non Parent Contact ?

New buttons appear on the Parent Contacts page to *Print Contact Logs* to a PDF or *Export Contact Logs* to an Excel doc.

NHTrain001  
01/05/2022

**Parent Contacts**

Contacting Person	Person Contacted	Contact Method	Contact Date & Time	Contact Result	Notes
Kshitija Chutke	tester	Letter	06/11/2021 -		
Robb Geier	tester	Letter	01/04/2022 -	Parent contacted - will attend meeting	

There are no Non Parent Contacts for this Student yet.

1	2	3	4	5	6	7	8	9
Parent Contacts								
Contacting Person	Person Contacted	Contact Method	Contact Date	Start Time	End Time	Contact Result	Parent Initiated	Notes
Kshitija Chutke	tester	Letter	6/11/2021				No	
Robb Geier	tester	Letter	1/4/2022			Parent contacted - will attend meeting	No	
There are no Non Parent Contacts for this Student yet.								

This PDF opens when the *Print Contact Logs* button is clicked.

This Excel doc downloads when the *Export Contact Logs* button is clicked.



# Student Menu – *Eligibility Process*

- Enter Referral **2 \***
- Parent Consent to Evaluate
- Assessment & Evaluation
- Eligibility Determination

*Here's what to do*

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

## *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.\***

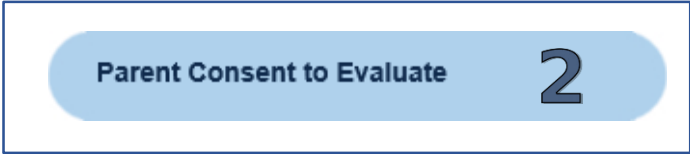
Referral Date: **3**  
 Referral Source: **4** 
 Confirm Referral **5**



# Student Menu – Eligibility Process

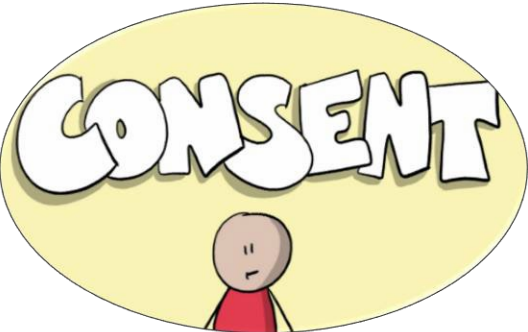
- Student
- Contacts
- Eligibility Process 1**
- IEP Process
- Services Plan Process
- Documents
- Student History

## PARENT CONSENT TO EVALUATE



*Here's what to do*

- 1 Click on **Eligibility Process**
- 2 Click on **Parent Consent to Evaluate**
- 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**



\* 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**.

**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: <b>3</b>	<input type="text"/>	<input type="calendar"/>	*	Consent Granted: <b>4</b>	<input type="text" value="-Select-"/>	Check to confirm: <b>5</b>	<input type="checkbox"/>
--	----------------------	--------------------------	---	---------------------------	---------------------------------------	----------------------------	--------------------------

**Initial Evaluation**

Is this an Initial Evaluation?	Select "yes" for an initial evaluation, otherwise select "no."	<input type="text" value="-Select-"/>	<b>6</b>
--------------------------------	--	---------------------------------------	----------

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





# Student Menu – Eligibility Process

## EVALUATION SUMMARY

Assessment & Evaluation **2**

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. (textbox)

Select the title of the examiner who administered the assessment.

Evaluation Summary **3** SCREEN 2

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 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\***

    **2**

### Here's what to do

- 1** Enter the **DATE ON OR AFTER** all information is entered into the .
- 2** Click on .

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

Eligibility Determination **2**

## Here's what to do

- 1** Click on [Eligibility Process](#)
- 2** Click on [Eligibility Determination](#)
- 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](#)
- 8** Option to view draft, click on [Continue](#)
- 9** Click on [Check Errors](#).
- 10** Click on [Create Proposed Eligibility](#)
- 11** Option to view final document, click on [Continue](#)

**3\*** New Eligibility Date: 07/15/2020

**4** Eligible? Yes

**5\*** New Disability Identifications:

Primary:

Secondary: Emotional Disturbance, Multiple Disabilities, Other Health Impairments, Traumatic Brain Injury

Third:

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

**7** [Create Draft Eligibility](#)

**6+9** [Check Errors](#)

**8** [Continue](#)

**11** [Continue](#)

*Red arrow pointing to 5\*: Select disability. Required evaluations must be completed.*

**8** [CLICK](#) [Continue](#)

Click here to view the Eligibility Determination Document

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

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

**10** [Create Proposed Eligibility](#)

**11** [Continue](#)

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

Click here to view the Eligibility Determination Document

Doc ID	Date Generated ?	Generated By	Document ?	Status
6874	08/07/2020	Joanne DeBello	Eligibility Determination Document	<a href="#">Response</a>



## ***ELI GIB I L I T Y   D E T E R M I N A T I O N***

### ***P A R E N T   R E S P O N S E***

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

### ***P A R E N T   R E S P O N S E***

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:  **5**

Save & Continue

### *Here's what to do*

- 1** Click on Response
- 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*

- 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	<a href="#">Eligibility Determination Document (ID# 7105)</a>	07/24/2020 14:56 (0 days)	<a href="#">Details</a>
6865	07/15/2020	Proposed Eligibility Determination	07/15/2020	07/15/2023	Joanne DeBello	<a href="#">Eligibility Determination Document (ID# 7105)</a>	07/24/2020 12:47 (0 days)	<a href="#">Details</a>
6864	06/01/2020	Parent/Guardian Consent to Evaluate	06/01/2020	07/14/2020	Joanne DeBello		07/24/2020 12:22 (0 days)	<a href="#">Details</a>
6779	01/20/2020	Referral	06/01/2020		John Smith		06/12/2020 12:13 (42 days)	<a href="#">Details</a>

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 Process

Jill L Smith

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

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

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

**IEP Process Menu**

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





# Student Menu – IEP Process

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

**NHSEIS** by PCG Education

Welcome, Brandy | My Calendar | Message Board | Send Us a Message | Logout

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

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

## IEP TEAM

IEP Team

Emma Richards

Instructions - Add IEP Team members who have accounts in EasyIEP by clicking "Select IEP Team." If you cannot find someone in the list, you must enter him/her as a Contact on the Contacts page first.

1. Choose Case manager for the student
2. Choose LEA Representative for student (you do NOT need to choose one in order to continue in the process)
3. Select IEP Team to add more members to the team if applicable
4. Save and continue

**IEP Team**

Case Manager:  ← 1

LEA Representative:  ← 2

Name	Relationship
Betty Blue	
Alicia Rose	Legal Guardian

Select IEP Team ← 3

<<Back Save Save and Continue >> ← 4

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



# Student Menu – IEP Process Cover Page

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

**IEP Information**

IEP Meeting Date	<input type="text"/>
IEP Begin Date	<input type="text"/>
IEP End Date	<input type="text"/>
Reason for meeting	<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
When will this student begin Kindergarten?	<input type="text"/>

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

- 1** Click on **IEP COVER PAGE** in the menu.  
Enter **IEP MEETING DATE, BEGIN** and **END DATE**
- 2** If IEP Amendment is selected, enter the amendment date.  
The currently active IEP dates appear above.
- 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**

Note: Enter date the student is projected to be both in Kindergarten and five years old. This date box will not appear for school age children.



# Student Menu – IEP Process Present Levels



## 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	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

Remember, NHSEIS DOES NOT SAVE AUTOMATICALLY. Click on  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

abc ✓

**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

abc ✓

**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

abc ✓

**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

abc ✓



# 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	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	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

## Behavior Needs

Consider **IF** the child's behavior impacts the learning of themselves or others.

## Behavior Needs

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?

## Language Needs

Consider **IF** the language needs of a child with limited English proficiency relate to the IEP.

## Language Needs

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

## Blind or Visually Impaired

Consider **IF** a child is blind or visually impaired needs Braille or other media after an evaluation.

## Blind or Visually Impaired

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

## Communication Needs

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.

## Communication Needs

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

## Assistive Technology

Consider **IF** assistive technology and services are required to access the general curriculum.

## Assistive Technology

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

## Medical, Sensory, or Physical Impairments

Consider **the child's** medical, sensory, or physical needs.

## Medical, Sensory, or Physical Impairments

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



# Student Menu – IEP Process Transition Planning

**Transition Planning**

**Meeting Information**

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.

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

**Transition Goals and Present Levels**

Post-Secondary Goals	Current Interests, Experiences
Student Interests, Preferences, Needs and Post-Secondary Goals	Transition Present Levels of Performance
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)	Current Academic and Functional Levels in Preparation for Post-Secondary Education/Training:
<b>E d u c a t i o n &amp;</b>	<b>T r a i n i n g</b>
Post-Secondary Employment Goal:	Current Job Skills in Preparation for Post-Secondary Employment:
<b>E m p l o y m e n t</b>	
Post-Secondary Independent Living Goal, If Needed:	Current Home/Independent Living Skills in Preparation for Post-Secondary Independent Living:
<b>I n d e p e n d e n t L i v i n g</b>	
Future Community Participation:	Current Community Participation in Preparation for Post-Secondary Independent Living:
<b>C o m m u n i t y P a r t i c i p a t i o n</b>	
Adult Services:	Current Adult and Adult Type Services in Preparation for Post-Secondary Independent Living:
<b>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)</b>	

- 1 Click on **TRANSITION PLANNING**
- 2 **Part 1-** Select **YES** or **NO** to answer:
  - ☞ Did student attended the meeting;
  - ☞ Was student invited to the meeting **AND** if not- describe how references/interests were obtained.
- 3 Write the present levels and post-secondary goals for each area applicable based upon student interests & preferences.





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	Extended School Year	Program Placement	Create Draft IEP	Create Proposed IEP

### Course of Study 1

#### Transition Academic Plan

**Projected Courses 8th Grade:**  
English 8, Math 8, science 8, Social Studies 8, Woodworking, Art, Computers

**Projected Courses 9th Grade:**  
English 9, Algebra I, Geography, Physical Science, Physical Education, Health, Spanish I

**Projected Courses 10th Grade:**  
English 10, Geometry, World History, Biology, Spanish II, Personal Finance, Fitness for Life

**Projected Courses 11th Grade:**  
English 11, Algebra II, US History, Chemistry, Spanish III, Guitar Explorations, Sports Explorations

**Projected Courses 12th Grade:**  
English 12, Pre-Calculus, Physics, Economics, Sports Management

**Projected Courses Ages 18-21:**  
John will graduate at the end of 12th grade.

#### Transition Academic Plan

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

Diploma Type:  3

Expected Graduation Date:

Expected Graduation Date:  4

### Course of Study

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

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

➔ **Transition Planning**  
Continued

✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IEP Team	IEP Cover Page	Present Levels	Special Factors	<b>Transition Planning</b>	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*

- 1 Click on **ADD TRANSITION SERVICES** to go to
- 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 **NHVRs**.
- 4 Enter the **DATE** information was shared.  
*(Must have consent to share information with NHVRs.)*
- 5 Click on **Save and Continue**.

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

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

Transition Service <b>b</b>	Transition Area <b>a</b>	Person <b>c</b>	Agency <b>d</b>	Begin Date <b>e</b>	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**

**NHVRs Notification**

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

## Goals & Objectives

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

### Add CustomGoals

No annual goals have been added for this student.

**2**

**Add Goals from List**   **Add Custom Goals**

**Add Goals from Bank**

Delete	Position	New Position	Area of Need <b>4</b>	Annual Goal	Begin Date <b>5</b>	ESY	# Objs	<b>6</b>
<input type="checkbox"/>			Academic Communication Community Content Deafness Fine Motor Development Gross Motor Development Hearing Language Arts Math Occupational Therapy Physical Therapy <b>Reading</b>	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	<b>Details</b>

### Here's what to do

- 1 Click on **GOALS & OBJECTIVES** in the menu
- 2 Click on **Add Custom Goals**
- 3 (a) **TYPE OR EDIT CUSTOM GOAL**; (b) click on **Save and Continue**
- 4 Select the **GOAL AREA** from the dropdown menu.
- 5 Enter the **BEGIN DATE** (after IEP start date).
- 6 Click on **Details**

### SCREEN 2, WRITE GOAL

Custom Goal 1   **3a**

Type custom goal (text box):

**3b**

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



# Student Menu – IEP Process Goals & Objectives

## Goals & Objectives Continued

Area of Need	prepopulated from...	Reading									
Annual Goal	<b>SCREEN 2</b>	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:	<b>1</b>	Teacher <b>Title of Person</b>									
<b>2</b> - 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.									
<b>3</b> - 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.									
<b>4</b> - 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"><b>Must be at least as often as report card distribution.</b></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	<b>Must be at least as often as report card distribution.</b>	End of Unit	Weekly Report	Oral Report	Grading Period Report Card	Quarterly Progress Reports
Method of Reporting to Parent											
As Needed	<b>Must be at least as often as report card distribution.</b>										
End of Unit											
Weekly Report											
Oral Report											
Grading Period Report Card											
Quarterly Progress Reports											

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*Here's what to do*

- 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
- Enter up to 5 custom objectives, **& 7** click on **Save and Continue**
- Enter the **BEGIN DATE** (after IEP start date).
- Enter the **METHOD OF REPORTING** and click on **Save and Continue**.

There are no objectives for this annual goal

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

**Add Objective(s) from Bank** **5**

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

Custom Objective 1 **6**

Type up to 5 custom objectives.

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



# Student Menu – IEP Process Accommodations and/or Modifications



## Accommodations and/or Modifications

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

**Gen. Accommodations & Modifications** ✓

**State & District Assessment** ✓

**Accommodations and/or Modifications** ✓

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





# Student Menu – IEP Process Accommodations and/or Modifications



## Accommodations and/or Modifications

State / District

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

### Accommodations

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><b>Accommodation(s)</b></p> <ul style="list-style-type: none"> <li>• Embossing</li> </ul>
SAT	College Board Accommodations and/or State Allowed Non-College Reportable	<p><b>Accommodation(s)</b></p> <ul style="list-style-type: none"> <li>• Timing - Extended time (50%, 100%, more than 100%). Extended assessment time.</li> </ul>
District Wide Assessments	General Assessment with Accommodations	<p><b>Accommodation(s)</b></p> <ul style="list-style-type: none"> <li>• Alternate Response Options: Non-Embedded</li> </ul>

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

### Edit Accommodations

State/District Assessments	
NH Statewide Assessment System (NH SAS)	Not Administered at this Grade Level
SAT	Not Administered at this Grade
District Wide Assessments	Not Participating

**4** **3**

## Here's what to do

**1** Click on **ACCOMMODATIONS AND/OR MODIFICATIONS** in the Menu

**2** Click on **Add/Edit State/District Accommodations and/or Modifications**

**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

## Accommodations and/or Modifications Classroom

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

**1** Add/Edit Classroom Accommodations and/or Modifications

Classroom	
<b>+</b> Classroom <b>3</b> Clickhere	Accommodation(s) and/or Modification(s) Needed <input checked="" type="checkbox"/> Custom <b>2</b> Clickhere
Category:	College Board Accommodations <b>4</b>
<input checked="" type="checkbox"/> Timing - Extended time (50%, 100%, more than 100%). Extended assessment time.	S C R O L L ↓
<input checked="" type="checkbox"/> Timing - Extra breaks, Extended Breaks or Breaks as Needed. Frequent supervised breaks.	
<input checked="" type="checkbox"/> Timing - Late Start. Administration of the assessment at a time most beneficial to the student, with appropriate supervision	
<input type="checkbox"/> Timing - Limited timed testing. Limited time per day testing/multiple day testing.	

State/District Wide and Classroom are on the same page.

**Add Custom Accommodations 5**

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**

### Here's what to do

- 1** Click on **Add/Edit Classroom Accommodations and/or Modifications**
- 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 >>**



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

### Related Services

**Related Services**

There are no Related Services for this student yet

Add Related Services

### Special Education Services

**Special Ed Services**

There are no Special Ed Services for this student yet

Add Special Ed Services

- Related Services**
- 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

Dropdown Menu

- Special Ed Services**
- none-
  - Adaptive PE
  - Behavior Management - Specially Designed Instruction
  - Executive Functioning Skills - Specially Designed Instruction
  - Functional Life Skills - Specially Designed Instruction
  - Mathematics - Specially Designed Instruction
  - Reading - Specially Designed Instruction
  - Social Skills - Specially Designed Instruction
  - Speech Pathology-Group
  - Speech Pathology-Individual
  - Vocational Education - Specially Designed Instruction
  - Written Expression - Specially Designed Instruction

Dropdown Menu



## Services, Aids, & Support – *Supplementary Aids*

**Supplementary Aids**

There are no Supplementary Aids for this student yet

**1** [Add Supplementary Aids](#)

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

### ADD SUPPLEMENTARY AIDS

**Supplementary Aids **2****

- none-
- Assistive Technology Device
- Calculator
- Prosthetic/Orthotic Device
- Wheelchair
- Custom Supplementary Aids**

**Setting **3****

- Regular Education Setting**
- Special Education Setting
- Correctional Facility
- Homebound/Hospital Based
- Parentally Placed in Private School
- Residential School
- Separate School
- 3-5 Early Childhood Pgm
- 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

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

### Here's what to do

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



## Services, Aids, & Support – Supplementary Services

### ADD SUPPLEMENTARY SERVICES

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	

Custom Supplementary Services

**Save and Continue >>** **4**

Supplementary Services

There are no Supplementary Services for this student yet

**1** **Add Supplementary Services**

### Here's what to do

- 1- Click on **Add Supplementary Services**
- 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 **Save and Continue >>**
- 5- Enter the **START** and **END DATE**.
- 6- Click on **Details** to:
  - ➔ Select Service Coordinator Title
  - ➔ Select Service Provider
  - ➔ Associate with Annual Goals, if appropriate.

Supplementary Services										
Delete	Pos	New Pos	Supplemental Service	# Sessions	Session Length	Setting	Medically Necessary	Dates Start/End <b>5</b>	# Goals	<b>6</b>
<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	<b>Details</b>



# Services, Aids, & Support – Supports for Personnel

## ADD SUPPORTS FOR PERSONNEL

Supports for Personnel <b>2</b>	Num Sessions <b>3a</b>	Session Length <b>3b</b>
-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

Save and Continue >> **4**

### Supports for Personnel



There are no Supports for Personnel for this student yet

**1** Add Supports for Personnel

### Here's what to do

- 1- Click on **Add Supports for Personnel**
- 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 >>**
- 5 & 6- Select the **SETTING** from the dropdown menu, and enter the **START** and **END DATE**.
- 7- Click on **Details** to:
  - ➔ Select Service Coordinator Title
  - ➔ Select Service Provider
  - ➔ Associate with Annual Goals, if appropriate.

### Supports for Personnel

Supports for Personnel	# Sessions	Session Length	Setting <b>5</b>	Medically Necessary	Dates Start/End <b>6</b>	<b>7</b>
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"/>	<b>Details</b>







## 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

Empty text box for explanation.



#### 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

Empty text box for explanation.



<<Back

Show Section

Save

Save and Continue >>

*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



# Student Menu – IEP Process

## Extended School Year

***TEAM WILL MAKE A DETERMINATION REGARDING ESY SERVICES***

Navigation: Student | Contacts | Eligibility Process | **IEP Process** | Services Plan Process | Documents | Student History

### ESY Determination

1. Does the student require a longer school year? Yes

1a. If yes, describe student needs.

Continue Reading Services during the summer

2. Does the student require a longer school day? No

2a. If yes, describe student's needs.

*Here's what to do*

- 1-** Team makes a determination regarding Extended School Year. 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



# Student Menu – IEP Process Extended School Year

If determined ESY Services will take place, you will add Services. **NEW (Aug 2022)** You can now add all Supplementary Services, Aids, Supports for Personnel on the ESY page.

Click on the green details for each service:

- Enter sessions, session length, choose setting, enter IEP dates
- Select Service Coordinator Title
- Select Service Provider Title
- Associate with Goals (if applicable)

**ESY Services**

Special Ed ESY Services						
Del	Special Ed Service	Num Sessions	Session Length	Location	Dates Start/End	
<input type="checkbox"/>	Speech Pathology-Group	1 per wk	15 min	Regular Education Setting	09/21/2015	09/20/2016
<a href="#">Add Current Special Ed ESY Services</a> <a href="#">Add New Special Ed ESY Services</a>						

Related ESY Services						
Del	Related Service	Num Sessions	Session Length	Location	Dates Start/End	
<input type="checkbox"/>	Social Work Services	1 per day	30 min	Special Education Setting	09/21/2015	09/20/2016
<a href="#">Add Current Related ESY Services</a> <a href="#">Add New Related ESY Services</a>						

**Supplementary Services**

There are no Supplementary Services for this student yet

[Add Supplementary Services](#)

**Supplementary Aids**

There are no Supplementary Aids for this student yet

[Add Supplementary Aids](#)

**Supports for Personnel**

There are no Supports for Personnel for this student yet

[Add Supports for Personnel](#)

**Extended School Year Goals**

ESY	Area of Need*	Goal
<input checked="" type="checkbox"/>	Vocational	Increase Vocational Skills
<input checked="" type="checkbox"/>	Academic	Expandable text box

[<<Back](#)
[Save](#)


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



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

**3**

### *Here's what to do*


- 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
- Click 'Save & Continue' at the bottom of the page


### SELECTING A PROGRAM

**4**

[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

*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	<b>Details</b>

1

2

### Here's what to do

- 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

3

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.

4

<<Back Save

- Regular Education Setting
- Special Education Setting
- Correctional Facility
- Homebound/Hospital Based
- Parentally Placed in Private School
- Residential School
- Separate School
- 3-5 Early Childhood Pgm
- 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



# Student Menu – IEP Process

## Creating and Finalizing the IEP

### IEP Process

Jill L. Smith

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



1

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.

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
- 2
- Click Display IEP Errors
  - The LEA can sign the IEP and the Create Final IEP button appears
  - **\*\*You can also Click on Contact LEA Representative for them to be notified to sign the IEP\*\***
  - You can either choose to Contact LEA Representative for Signature or Apply LEA Signature, then click Display IEP errors, click on Apply LEA signature.
- 3
- Two signature boxes will now appear for the representative to sign for. The LEA will sign in both boxes to approve 1. Provisions in the IEP, and 2. Assurance of Educational Placement (if applicable)
  - Click Create Final IEP

Fourteen Sam Nine

IEP Meeting Date:	09/01/2021
IEP Test Date:	09/01/2021
Date this IEP Ends:	08/31/2022
Meeting Purpose:	Annual Review

Click on 'Display IEP Errors' to check the entire IEP for errors and missing data. These errors must be corrected before a Final IEP can be created.

**2** [Display IEP Errors](#)

Click on 'Contact LEA Representative for Signature' to send a message to the LEA Representative that the IEP is ready for signature.

[Contact LEA Representative for Signature](#)

Apply LEA Signature  Exclude NHSEIS LEA electronic signature **3**

**!** The Following Sections need to be addressed before you can create a finalized IEP. And you must also click on the Display IEP Errors Button above to make sure there are no Errors before you can create a finalized IEP.

All previously created IEP documents listed below may be accessed by clicking on the document name. Draft documents are saved for a limited time.

To ensure you have successfully created the document:

Click Student History

Student has a Proposed IEP

LEA Representative Signature for Approval of Provisions in the IEP

Please enter your signature:

[Clear Signature](#) [Close](#)

User Title

LEA Representative Signature for Assurance of Educational Placement

Please enter your signature:

[Clear Signature](#) [Close](#)

User Title



# Student Menu – IEP Process

## Creating and Finalizing the IEP

### Finalizing IEP using NHSEIS Connect

The proposed IEP, signed by the LEA (if LEA signed), will go to the parent portal to do list.  
 The parent must review the IEP, select response and sign in the signature box.  
 Click Apply Parent Response.

### Finalizing IEP by entering the parent signature date

IEP Process – under Status header  
 Click the Finalize button  
 Select the response  
 Select the Parent Signing from dropdown list  
 Enter Date of Signature – Save & Continue

Doc ID	Date Generated ?	Generated By	Document ?	Status
7711	09/13/2021	Terry Hersh	IEP	Finalize
7393	12/19/2020	Terry Hersh	IEP	I CONSENT to the IEP AND AGREE to education placement

**Parent Response** Mel December2020

This Proposed IEP was:  I consent to the IEP as proposed  I partially consent to the IEP as proposed  I refuse to consent to the IEP as proposed

Parent Signing: -Other- Other:

Date of Signature: -Other- Sue December2020

IEP Exceptions/Notes:

**Save & Continue**



# Student History – Parent Response Entered by District

NHSEIS User –  
Finalized the IEP

Student History									
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)	<b>1</b> ↓ 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

**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.)

**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- *How the Parent accesses Portal*

*FOR THOSE SAUS UTILIZING NHSEIS CONNECT*

### NEW DOCUMENT – PROPOSED IEP

Event ID	Event Date*	Event Type	Begin Date	End Date	User	Document	<b>1</b> 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)	<a href="#">Details</a>

### EMAIL TO PARENT/GUARDIAN OR ADULT STUDENT

### *Here's what to do*

- 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
  - Easy IEP Connect asks "How would you like to receive access code?"
- 3** Select appropriate radio button:
  - Text Message
  - Voice Call
  - E-mail
- Click 'Request Access Code'

**4**



## Parent Portal– *Parent Response*

*FOR THOSE SAUS UTILIZING NHSEIS CONNECT*

### *Here's what to do*

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

### *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.

### *NHSEIS CONNECT SCREEN*

**2**

Login

**3**



# NHSEIS New Features – *NHSEIS Connect*

## Parent Portal– *Parent Response*

FOR THOSE SAUS UTILIZING NHSEIS CONNECT

### *NHSEIS CONNECT SIGNATURE SCREEN*

**Apply Parent Response for Proposed IEP**

Event Type  
Proposed IEP

Authorized by  
Sue December2020

Date  
09/14/2021

Apply Parent Response for Proposed IEP

Response

I consent to the IEP as proposed     I refuse to consent to the IEP as proposed     I partially consent to the IEP as proposed

IEP Exceptions/Notes

Signature

**2**

CLOSE    APPLY PARENT RESPONSE

The screenshot shows the NHSEIS Connect parent portal navigation bar with the following tabs: MY INFO, TO-DO LIST, COMPLETED ACTIONS, SERVICE PLAN INFO, and DOCUMENTS. Below the navigation bar, there is a 'New Hampshire Training Site TO-DO LIST' link. The main content area displays a 'To-Do List' table with one entry:

Student	Date Submitted	Proposed Document	Action	Respond
John March2020	06/26/2020	IEP	Apply Parent Response for Proposed IEP	

Showing 1 to 1 of 1 entries

Previous 1 Next

### *Here's what happens*

- 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



# NHSEIS New Features – *NHSEIS Connect*

## Parent Portal– *Parent Response in Student History*

*FOR THOSE SAUS UTILIZING NHSEIS CONNECT*

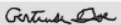
### EVENT DETAILS

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)	<a href="#">Details</a>
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)	<a href="#">Details</a>
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)	<a href="#">Details</a>

*Here's what happens*

- 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

▶ Student   ▶ Contacts   Eligibility Process   IEP Process   Services Plan Process   Documents

#### Documents

[Click HERE to access the New Hampshire DOE, Bureau of Special Education,](#)

**1**

Documents:

- IEP
- IEP At-a-Glance
- Letter of Consent
- Evaluation Summary Report
- Progress Report
- Eligibility Determination Document
- Non-Eligibility Determination Document
- Services Plan
- Annual IEPs/Services
- IEP Team Meeting Notice

Letters:

- Written Prior Notice

Create Draft (will be saved for 30 days) ?

Create Final Document (will be saved) ?

**2**

(NOTE: Use the "Create Final Document" button to create a Proposed IEP.)

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



# Student Menu- Documents

## Entering Implied Consent

Documents

Fourteen Sam Nine

[Click HERE to access the New Hampshire DOE, Bureau of Special Education.](#)

Documents:

- IEP
- Non-Eligibility Determination Document
- IEP At-a-Glance
- Services Plan

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

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

### Create Final document

Fourteen Sam Nine

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

**IEP**

IEP Meeting Date: 03/17/2021

Date this IEP Begins: 03/18/2021

Date this IEP Ends: 03/15/2022

Meeting Purpose: IEP Amendment

Save

Create Final Document

IEP draft is created with no errors  
In the student record, documents, select IEP

Check the IEP dates and click create final document button

NHSEIS by PCG Education

Welcome, Terry | My Calendar | Message Board | Send Us a Message | Logout

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

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

Letters:

- IEP Notice
- Written Prior Notice
- Meeting Invitation Letter

Create Draft (will be saved for 30 days) ?

Create Final Document (will be saved) ?

(NOTE: Use the "Create Final Document" button to create a Proposed IEP)

Select the documents button on the student menu bar  
Select the Response button

Documents created for Fourteen Sam Nine

Del	Doc_ID	Date Generated ?	Generated By	Document ?	Status	Signatures
E	7453	05/12/2021	Terry Hersh	IEP	Response	



# Student Menu- *Documents*

## *Entering Implied Consent*

EasyIEP (~nhstate, Terry Hersh) x EasyIEP (nhtrainingsite, Terry Hersh) x

https://nhseis.ed.state.nh.us/easyiep.plx?op=alt\_authenticated&CustomerName=nhtrainingsite&SessionID=86601609-6C19-1014-BF96-F067D2DB656E&FromAggre...

**NHSEIS** by PCG Education

Welcome, Terry | My Calendar | Message Board | Send Us a Message | Logout

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

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

### Parent Response

**Jill L Smith's Proposed IEP (EventID = 7488)** [New Mail!](#)

The meeting for this **Proposed IEP** for **Jill L Smith** was held on **03/01/2021** with a purpose of **Annual Review**. The **Proposed IEP** runs from **03/01/2021** to **09/13/2021**.

This Proposed IEP was:

I consent to the IEP as proposed     I partially consent to the IEP as proposed     Documentation of implied parental consent  
 I refuse to consent to the IEP as proposed

Authorized by: -LEA Representative- LEA Representative: John Jones

Date of Signature: 04/01/2021

IEP Exceptions/Notes:

Please enter your signature:

[Clear Signature](#)

Select Documentation of Implied Parental Consent

Authorized by: Select Other  
Enter the LEA's name and the date authorized.

**DO NOT SIGN.**

**Click the Update the database**





## 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

Student	John New Doe
S&U	New Hampshire Training Site
School	High School
Meeting Date	07/06/2020
Meeting Time	hr 9 min 00 AM/PM AM
Meeting Location	Zoom virtual meeting

##### Meeting Information

This Meeting is Regarding

- Special Education Referral
- Evaluation Review
- Initial Determination of Eligibility
- Reevaluation Planning
- Reevaluation to Determine Eligibility
- IEP Development
- IEP Review/Amendment
- Determination of Educational Placement

Please Select All That Apply

- Consideration of Post-Secondary Goals and Transition Services
- Transition from Early Supports and Services in Preschool to Special Education
- Extended School Year (ESY) Services
- Manifestation Determination

Title	Name
Parent/Guardian	Gertrude Doe
LEA Rep	John Principal
Regular Ed	Susan Regteacher
Special Ed	Sue Spedteacher

[Add New Row](#)

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

[Save](#) [Create Final Document](#)

### 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'





# Student Menu- 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



# Document Upload/PaperClip Feature

Documents:

- IEP At-a-Glance
- Letter of Consent
- Evaluation Summary Report
- Progress Report
- Report Card (Test)
- Eligibility Determination Document
- Non-Eligibility Determination Document
- Services Plan
- Annual IEPs/Services
- IEP Team Meeting Notice
- IEP Signed
- SmartLogbookReport
- IEP


Letters:

- IEP Notice
- Meeting Invitation Letter
- Written Prior Notice

[Create Draft \(will be saved for 30 days\) ?](#)

[Create Final Document \(will be saved\) ?](#)

(NOTE: Use the "Create Final Document" button to create a Proposed IEP)

[Upload External Document\(s\)](#) 

Documents created for John Cat-Aid

Doc ID	Date Generated ?	Generated By	Document ?	Status	Del	Attachment	Date Received	Signatures
7593	07/22/2021	Brandy Pappas	EXAMPLES_OF_OBJECTIVES	DOCX	<input type="checkbox"/>			

There is an external document(s) button to upload into NHSEIS. The file extensions can be pdf, doc, xls, txt, rtf, ppt, tif, jpg, png, xl, sx, pptx, docx. These will attach directly to the students document page. Therefore, anyone with access to the student's record can view the documents.

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

**Upload External Documents** John Cat-Aid

Permitted file extensions are: **PDF, DOC, XLS, TXT, RTF, PPT, TIF, JPG, PNG, XLSX, PPTX, and DOCX**  
 No file may be greater than **1000.00 MB** in size.

File	Name (if not provided the file name will be used)
<input type="button" value="Choose File"/> No file chosen	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="text"/>

[Upload File\(s\)](#)

This is choosing the file to be uploaded to the documents list.




E	5101	06/24/2014	Terry Hersh	<a href="#">IEP</a>	PDF	<a href="#">I consent to the IEP as proposed</a>		<a href="#">View</a>
E	5095	06/20/2014	Terry Hersh	<a href="#">IEP</a>	PDF	<a href="#">I consent to the IEP as proposed</a>		<a href="#">View</a>
E	5091	06/20/2014	Terry Hersh	<a href="#">IEP</a>	PDF	<a href="#">I consent to the IEP as proposed</a>		<a href="#">View</a>

An 'E' in the 'Del' column indicates that the document is associated with an Event. A 'C' in the 'Del' column indicates that the document is associated with a Parent Contact. In either case, the document can't be deleted until the associated event or contact is deleted. An 'A' in the 'Del' column indicates that the document is associated with another Document and it will be deleted when the associated document is deleted.

(21 Documents)

[Update the Database](#)

[Manage Additional Document Text](#)

[Upload External Attachment\(s\)](#) 

There is also an external attachment(s) button. You are able to attach a document to an already NHSEIS produced document. Example: a signed meeting notice to the meeting notice document.

Upload Attachments for John Cat-Aid

Permitted file extensions are: PDF, DOC, XLS, TXT, RTF, PPT, TIF, JPG, PNG, XLSX, PPTX, and DOCX  
No file may be greater than 1000.00 KB in size.

<input type="checkbox"/>	Doc ID	Date Generated	Document
<input type="checkbox"/>	7692	07/22/2021	IEP
<input type="checkbox"/>	7174	12/06/2020	IEP
<input type="checkbox"/>	7170	12/04/2020	Annual IEPs/Services
<input type="checkbox"/>	7168	12/04/2020	Evaluation Summary Report
<input type="checkbox"/>	7166	12/04/2020	IEP Team Meeting Notice
<input type="checkbox"/>	7165	12/04/2020	IEP Team Meeting Notice
<input type="checkbox"/>	7163	12/04/2020	Letter of Consent
<input type="checkbox"/>	7161	12/04/2020	Services Plan
<input type="checkbox"/>	7160	12/04/2020	SmartLogbookReport
<input type="checkbox"/>	7167	12/04/2020	IEP At-a-Glance
<input type="checkbox"/>	7123	12/03/2020	SmartLogbookReport

Choosing the document you want the attachment to go with. Then uploading it at the bottom of this list.

Upload Attachments for John Cat-Aid

<input type="checkbox"/>	Doc ID	Date Generated	Document
<input type="checkbox"/>	7157	12/04/2020	IEP At-a-Glance
<input type="checkbox"/>	7123	12/03/2020	SmartLogbookReport
<input type="checkbox"/>	7121	12/03/2020	Services Plan
<input type="checkbox"/>	6918	09/22/2020	IEP
<input type="checkbox"/>	6916	09/22/2020	IEP
<input type="checkbox"/>	6901	08/25/2020	IEP
<input type="checkbox"/>	6891	08/10/2020	IEP
<input type="checkbox"/>	6889	08/10/2020	Eligibility Determination Document
<input type="checkbox"/>	5101	06/24/2014	IEP
<input type="checkbox"/>	5095	06/20/2014	IEP
<input type="checkbox"/>	5091	06/20/2014	IEP

File:  Name (if not provided the file name will be used):



Documents created for John Cat-Aid

Doc ID	Date Generated ?	Generated By	Document ?	Status	Del	Attachment	Date Received	Signatures
7593	07/22/2021	Brandy Pappas	<a href="#">EXAMPLES OF OBJECTIVES</a>	DOCX	<input type="checkbox"/>			
7592	07/22/2021	Brandy Pappas	<a href="#">IEP</a>	PDF	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Signature Page</a> <input type="checkbox"/> <a href="#">transition goals examples</a>	07/23/2021 07/22/2021	<input type="button" value="View"/>

Example of how the attached documents will look in the document section of the student's file.