

STUDENT SERVICES DIVISION
Student Education Management Systems
Infinite Campus Evaluation and IEP Editor Compliance Checklist



| DESCRIPTION | CCF # | MDT/ ELIG | OUT OF STATE TRANSFER *** | IN-STATE TRANSFER *** | INTERIM IEP | INITIAL IEP | ANNUAL IEP | IEP REVISION | EXIT |
|--|-------|--------------|------------------------------|-----------------------------|----------------|----------------|---------------|-----------------|------|
| Determination of Eligibility | | | | | | | | | |
| Eligibility Header | | X | | | | | | | |
| Student Demographics | | X | | | | | | | |
| Parent/Guardian Demographics | | X | | | | | | | |
| Determination of Eligibility | | X | | | | | | | |
| NV IEP | | | | | | | | | |
| Education Plan | | | X | X | X | X | X | X | X |
| Student Demographics | | | * | * | X | X | X | X | X |
| Parent/Guardian Information | | | * | * | X | X | X | X | X |
| Procedural Safeguards | | | * | * | X | X | X | X | X |
| Present Levels (PLAAPF) | | | * | * | X | X | X | X | X |
| Strengths, Concerns, Interests, & Preferences | | | * | * | X | X | X | * | * |
| Special Factors | | | * | * | X | X | X | * | * |
| Transition (age 14 and over) | | | * | * | * | * | * | * | * |
| Transition Services (age 14 and over) | | | * | * | * | * | * | * | * |
| Goals and Objectives | | | * | * | X | X | X | * | * |
| Method for Reporting Progress | | | * | * | X | X | X | * | * |
| SPED Services | | | * | * | X | X | X | * | * |
| Supplementary Aids and Services | | | * | * | X | X | X | * | * |
| Related Services | | | * | * | * | * | * | * | * |
| Statewide and/or District-wide Assessments | | | * | * | X | X | X | * | * |
| CRT Alternate Assessment | | | * | * | * | * | * | * | * |
| Extended School Year Services | | | * | * | X | X | X | * | * |
| Placement | | | * | * | X | X | X | X | X |
| IEP Implementation | | | * | * | X | X | X | X | X |
| Enrollment Status | | | X | X | X | X | X | X | X |
| Special Education Forms | | | | | | | | | |
| Authorization for Release of Conf. Information | 503** | * | * | * | * | * | * | * | |
| Behavior Intervention Plan (BIP) | 539.3 | | | * | * | * | * | * | |
| BIP FBA | | | | * | * | * | * | * | |
| Consent for Release of Info - Medicaid | 538** | | | | | X | * | * | |
| Manifestation Determination Summary | 539 | | | * | * | * | * | * | |
| Manifestation FBA | 539.2 | | | * | * | * | * | * | |
| NDE Testing Accommodations | | | | * | * | * | * | * | |
| No Additional Assessments Needed | 607** | * | * | | | | | | |
| Notice of Intent to Implement | 566** | | | | X | X | X | X | X |
| Notice of Temporary Placement | 554 | | X | | | | | | |
| Notification of Release of Info for Medicaid | | | | | | X | * | * | |
| OSEP Calculation Form and Tree | | | | * | * | * | * | * | * |
| Parental Consent for Evaluation | 555** | * | * | | | | | | |
| Parental Consent for Initial Provision of Special Education and Related Services | 556** | X | | | X | | | | |
| Parental Prior Notice of District Proposal | 563** | X | X | | X | X | X | X | X |
| Parental Prior Notice of District Refusal | 567** | * | | * | * | * | * | * | * |
| Arrangements | 564** | X | * | | X | X | X | X | X |
| Service Plan | 613 | | | * | * | * | * | * | |
| Statement of Need for Reevaluation | 531 | * | | | | | | | |
| Student Support Services Referral | 583 | X | | | | | | | |
| X Mandatory | | | | | | | | | |
| * as needed | | | | | | | | | |
| ** Spanish Forms Available | | | | | | | | | |
| *** Follow In-State or Out-of-State Flow Charts to determine which plan to use | | | | | | | | | |