

**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
<b>Determination of Eligibility</b>									
Eligibility Header		X							
Student Demographics		X							
Parent/Guardian Demographics		X							
Determination of Eligibility		X							
<b>NV IEP</b>									
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
<b>Special Education Forms</b>									
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							
<i>X Mandatory</i>									
<i>* as needed</i>									
<i>** Spanish Forms Available</i>									
<i>*** Follow In-State or Out-of-State Flow Charts to determine which plan to use</i>									