

Individualized Education Program (IEP)

Student Information

Student Name: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.	Student ID Number: Click or tap here to enter text.
IEP Meeting Date: (92 Neb. Admin. Code § 51-007.09C) Click or tap to enter a date.	IEP Duration (Annual Timeframe): Click or tap here to enter text.	Primary Disability Category: Click or tap here to enter text.
Secondary Disability Category: Click or tap here to enter text.	Most Recent Multidisciplinary Team Evaluation Date: Click or tap to enter a date.	Next Reevaluation Date Due: Click or tap to enter a date.
School Name: Click or tap here to enter text.	School District: Click or tap here to enter text.	Student Grade: Click or tap here to enter text.

IEP Meeting Type (select all that apply): (92 Neb. Admin. Code §§ 51-007.09A, 007.09C, 007.09F)

- Initial
- Annual Review
- Amendment
- Other

If Other, specify IEP Meeting Type: Click or tap here to enter text.

Parent or Guardian Information

Parent or Guardian Name 1: Click or tap here to enter text.	Parent or Guardian Name 2: Click or tap here to enter text.	Parent or Guardian Name 3: Click or tap here to enter text.
Parent or Guardian Street Address 1: Click or tap here to enter text.	Parent or Guardian Street Address 2: Click or tap here to enter text.	Parent or Guardian Street Address 3: Click or tap here to enter text.
Parent or Guardian Email Address 1: Click or tap here to enter text.	Parent or Guardian Email Address 2: Click or tap here to enter text.	Parent or Guardian Email Address 3: Click or tap here to enter text.
Parent or Guardian Phone Number 1: Click or tap here to enter text.	Parent or Guardian Phone Number 2: Click or tap here to enter text.	Parent or Guardian Phone Number 3: Click or tap here to enter text.
Parent or Guardian Phone Type 1 (select one): <ul style="list-style-type: none"> • <input type="checkbox"/> Cell • <input type="checkbox"/> Home • <input type="checkbox"/> Work 	Parent or Guardian Phone Type 2 (select one): <ul style="list-style-type: none"> • <input type="checkbox"/> Cell • <input type="checkbox"/> Home • <input type="checkbox"/> Work 	Parent or Guardian Phone Type 3 (select one): <ul style="list-style-type: none"> • <input type="checkbox"/> Cell • <input type="checkbox"/> Home • <input type="checkbox"/> Work

Primary Native Language or Communication Mode (select all that apply):

- English
- Spanish
- Sign Language
- Other

If Other, specify Primary Native Language or Communication Mode: Click or tap here to enter text.

IEP Team (92 Neb. Admin. Code § 51-007.03)

Names and roles of individuals participating in developing the IEP. If you are fulfilling a dual role please sign below twice. If a team member has been excused, their portion of IEP must be submitted in writing. If a required participant participated through written input or was excused from all or part of the IEP meeting, a written report or excusal should be attached, as necessary.

Participant Name	In Attendance	Position or Relationship to Student	Date
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent or Guardian (92 Neb. Admin. Code § 51-007.03A1)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student (92 Neb. Admin. Code §§ 51-007.03A7, 007.03A10)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	General Education Teacher (e.g., Head Start/Community Preschool, Grade Level Teacher) (92 Neb. Admin. Code § 51-007.03A2)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Teacher (92 Neb. Admin. Code § 51-007.03A3)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	School District Representative (92 Neb. Admin. Code § 51-007.03A4)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual to Interpret Instructional Implications of Evaluation Results (92 Neb. Admin. Code § 51-007.03A5)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related Service Provider (SLP, HI, VI, OT, PT) (if applicable)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistive Technology or AAC Specialist (if applicable)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Service Coordinator (from Part C) (if applicable) (92 Neb. Admin. Code § 51-007.05)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager (optional)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Person with Knowledge or Special Expertise (as determined by parent or district) (92 Neb. Admin. Code § 51-007.03A6)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nonpublic School Representative (if child attends nonpublic school) (92 Neb. Admin. Code § 51-007.03A8)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Services Representative (if child receives approved agency services) (92 Neb. Admin. Code § 51-007.03A9)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transition Services Representative (if considering post-secondary goals) (92 Neb. Admin. Code § 51-007.03A10b)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher of Students with Hearing Impairments (if child has hearing impairment) (92 Neb. Admin. Code § 51-007.03A11)	Click or tap to enter a date.
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher of Students with Visual Impairments (if child has vision impairment) (92 Neb. Admin. Code § 51-007.03A12)	Click or tap to enter a date.

Summary of Student's Current Performance (92 Neb. Admin. Code § 51-007.07B)

Special Factors (e.g. relevant medical diagnoses, medications, hospitalizations)

Click or tap here to enter text.

Student Strengths (92 Neb. Admin. Code § 51-007.07B1)

Click or tap here to enter text.

Parental Information, Concerns, and Vision for Life After High School (92 Neb. Admin. Code § 51-007.07B1)

Click or tap here to enter text.

Evaluation and Assessment Information

Results of Initial or Most Recent Evaluation and the Academic, Developmental, and Functional Needs of the Child (92 Neb. Admin. Code § 51-007.07B2)

Click or tap here to enter text

Results of Child's Performance on General State and District-Wide Assessments Within the Past Year

Click or tap here to enter text

Behavior That Impedes Learning

Does the student exhibit behavior that impedes Learning? Yes No (92 Neb. Admin. Code § 51-007.07B3)

If yes, describe how the IEP of positive behavioral intervention(s) and strategies to address that behavior. The IEP Team must consider and, when determined necessary for ensuring FAPE, include or revise behavioral support in the IEP of a child with a disability exhibiting behavior that impedes his or her learning or that of others.

- PBIS (Positive Behavioral Interventions and Supports)
- Behavior Intervention Plan (BIP)
- Functional Behavioral Assessment (FBA)
- Behavior Goals
- Accommodations
- Other: Specify Other Supports Here

Limited English Proficiency

Does the student have limited English proficiency? Yes No (92 Neb. Admin. Code § 51-007.07B4)

If yes, provide English Language proficiency information and any needs this poses for the child's IEP.

Click or tap here to enter text

Blindness or Visual Impairment

Is the student blind or visually impaired? Yes No (92 Neb. Admin. Code § 51-007.07B5)

If yes, the IEP Team must determine if instruction in Braille and use of Braille is appropriate based on the 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). Document the evaluation results and the team's discussion and conclusions.

Click or tap here to enter text

Communication Needs

Does the student have communication needs? Yes No (92 Neb. Admin. Code § 51-007.07B6)

If yes, describe the child's communication needs in the sections below:

Is the Child Deaf or Hard of Hearing? Yes No (92 Neb. Admin. Code § 51-007.07B6)

If yes, describe how the IEP Team has considered and addressed the student's needs in the areas below (For each area below, provide detailed documentation, including sources of data and team decisions)
 Click or tap here to enter text

Description of the Child's Receptive and Expressive Language and Communication Needs
 Click or tap here to enter text

Opportunities for Direct Communication with Peers and Professionals in the Child's Language and Communication Mode
 Click or tap here to enter text

Academic Level and Full Range of Needs, Including Opportunities for Direct Instruction in the Child's Language and Communication Mode
 Click or tap here to enter text

Other Needs Related to Hearing Status (i.e. safety, fatigue, environment)
 Click or tap here to enter text

Assistive Technology (92 Neb. Admin. Code § 51-007.07B7)

Does the Student Require Assistive Technology Devices or Services? Yes No To Be Determined (trial or evaluation)

If **Yes** or **TBD**, specify device(s), service(s) (e.g., evaluation, customization, training), purpose, settings (classroom, home, community), responsible staff, start date, and maintenance/repair plan. Please document this information within the supplementary aids table portion of the IEP form.

If **No**, provide rationale (e.g., trials conducted, current strategies effective).

Click or tap here to enter text

Adapted Physical Education (APE) (92 Neb. Admin. Code § 51-007.07C2)

Does the Student Require Adapted Physical Education? Yes No To Be Determined (trial or evaluation)

If **Yes** or **TBD**, specify service(s) (e.g., evaluation, customization, training), purpose, settings, and other information.
 Click or tap here to enter text

Physical Education Participation (select one):

- Regular physical education (92 Neb. Admin. Code § 51-007.07C2a)
- Regular physical education with accommodations (92 Neb. Admin. Code § 51-007.07C2b)
- Adapted physical education (92 Neb. Admin. Code § 51-007.07C2b)
- No physical education activities (92 Neb. Admin. Code § 51-007.07C2a(i), 92 Neb. Admin. Code § 51-007.07C2a(ii))

Present Levels of Academic Achievement and Functional Performance (PLAAPF) (92 Neb. Admin. Code § 51-007.07A1)

Describe the child's current functioning using relevant norm-referenced and/or criterion-referenced data that clearly outlines strengths and specific skill deficits for planning instruction.
Include, as appropriate: 1. classroom assessments 2. observed student skills 3. impact of the disability on reading/literacy 4. impact of the disability on math 5. impact of disability on other academic or functional areas:

Classroom Assessments

Measurement Tool or Area	(unit tests, curriculum-based measures, benchmark assessments, progress monitoring tools, etc.) Click or tap here to enter text.
Most Recent Results or Performance Data	(include scores, dates, and performance levels, assessment types within the last 1-2 years) Click or tap here to enter text.

Strengths Identified	(specific academic or functional skills demonstrated) Click or tap here to enter text.
Needs Identified	(specific skill deficits impacting progress) Click or tap here to enter text.
Instructional Implications and Impact	(how results inform instruction, supports, or services) Click or tap here to enter text.

Observed Student Skills

Skills Observed	(academic, behavioral, communication, social, functional, etc.) Click or tap here to enter text.
Strengths Identified	(observable skills consistently demonstrated) Click or tap here to enter text.
Needs Identified	(observable challenges affecting learning or participation) Click or tap here to enter text.
Instructional Implications and Impact	(how observed skills affect access to instruction) Click or tap here to enter text.

Impact of Disability on Reading or Literacy

Reading or Literacy Domain(s)	(fluency, comprehension, written expression, etc.) Click or tap here to enter text.
Reading or Literacy Performance Data	(assessment results, classroom data, observations within the last 1-2 years) Click or tap here to enter text.
Strengths Identified	(specific literacy skills) Click or tap here to enter text.
Needs Identified	(skill deficits linked to the disability) Click or tap here to enter text.
Instructional Implications and Impact	(how disability affects reading/literacy performance) Click or tap here to enter text.

Impact of Disability on Math

Math Domain(s)	(problem-solving, reasoning, math fluency, etc.) Click or tap here to enter text.
Math Performance Data	(assessment results, classroom data, observations within the last 1-2 years) Click or tap here to enter text.
Strengths Identified	(specific math skills) Click or tap here to enter text.
Needs Identified	(skill deficits linked to the disability) Click or tap here to enter text.
Instructional Implications and Impact	(how the disability affects math performance) Click or tap here to enter text.

Impact of Disability on Other Academic or Functional Areas

Area(s) Impacted	(communication, behavior, executive functioning, mobility, social skills, etc.) Click or tap here to enter text.
Performance Data	(assessments, observations, functional data within the last 1-2 years) Click or tap here to enter text.
Strengths Identified	(functional or academic strengths) Click or tap here to enter text.
Needs Identified	(functional or academic challenges) Click or tap here to enter text.
Instructional Implications and Impact	(impact on routines, instruction, and school activities) Click or tap here to enter text.

PLAAFP Continued (92 Neb. Admin. Code § 51-007.07A1)

For students ages **3–13**, describe age-appropriate strengths, needs, and the effect of the disability across relevant domains (e.g., communication, behavior, social-emotional, motor, adaptive), and note any foundational/pre-transition skills. Address all relevant areas of disability with present evidence from multiple data sources (i.e. standardized tests, parent input, teacher recommendations, the child's physical condition, social or cultural background and adaptive behavior information).

Social-Emotional Development (relationships, self-regulation, behavior)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Adaptive Skills (feeding, dressing, routines)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Communication (receptive, expressive, pragmatics)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Motor Development (gross and fine motor, sensory, mobility)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Participation (engagement in routines and activities; community and home)

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

Functional Vision, Hearing and Other Relevant Areas

Strengths	Click or tap here to enter text.
Needs and Impact	Click or tap here to enter text.
Baseline or Current Performance	Click or tap here to enter text.

IEP Goal (92 Neb. Admin. Code § 51-007.07A2)

Annual Goal Number: Click or tap here to enter text.
Observable Skill, Knowledge, or Behavior Click or tap here to enter text.
Criterion for Mastery Click or tap here to enter text.
This Annual Goal Addresses (select all that apply): (92 Neb. Admin. Code § 007.07A2) The goal is designed to enable the child to be involved in and make progress in the general education curriculum. <ul style="list-style-type: none">• <input type="checkbox"/> Reading or Literacy• <input type="checkbox"/> Mathematics• <input type="checkbox"/> Communication or Language• <input type="checkbox"/> Classroom Assessments• <input type="checkbox"/> Observed Student Skills• <input type="checkbox"/> Impact of Disability on Reading or Literacy• <input type="checkbox"/> Impact of Disability on Math• <input type="checkbox"/> Impact of Disability on Other Academic or Functional Areas• <input type="checkbox"/> Other (including, but not limited to, executive functioning, motor skills, self-advocacy skills, and assistive technology use)
If Other, Provide Written Explanation: Click or tap here to enter text.
Short-Term Objectives or Benchmarks (92 Neb. Admin. Code § 51-007.07A3) Measurable, immediate steps or targeted sub-skills to enable the student to reach the annual goal. *Required for a student taking an alternate assessment. Click or tap here to enter text.
Justification for Annual Goal and Measurement Monitoring Describe why this goal is needed, how the target was determined, and whether the goal is new, revised, or continued from a prior IEP. Click or tap here to enter text.
If Goal or Progress Monitoring Differs from Age or Grade-Level Expectations Explain how it addresses the student's underlying skill needs and supports progress toward the annual goal. Click or tap here to enter text.
Progress Toward the Goal Will Be Measured By (select all that apply): <ul style="list-style-type: none">• <input type="checkbox"/> Work samples• <input type="checkbox"/> Curriculum-based tests• <input type="checkbox"/> Portfolios• <input type="checkbox"/> Checklists• <input type="checkbox"/> Scoring guides• <input type="checkbox"/> Observation chart• <input type="checkbox"/> Reading records• <input type="checkbox"/> Other
If Other Progress Monitoring Tool, Provide Explanation Click or tap here to enter text.

Progress Report Schedule: Click or tap here to enter text.

Evaluation Procedures or Instruments: Click or tap here to enter text.

Person or Persons Responsible: Click or tap here to enter text.

Review Date: Click or tap to enter a date.

Statement of How Student Progress Will Be Reported to Parents (92 Neb. Admin. Code § 51-007.07A4)
Click or tap here to enter text.

Special Education and Related Services (92 Neb. Admin. Code § 51-007.07A5)

Provide a statement of the child's special education, related services, and supplementary aids and services, as well as any program modifications or supports for school personnel; **and** an explanation of the **extent, if any**, to which the child **will not participate with nondisabled children** in the regular classroom. (92 Neb. Admin. Code § 51-007.07A6)

Click or tap here to enter text.

IEP Service Tables Definitions

Service: Type of Service being provided, such as Speech Language Therapy, Occupational Therapy, etc.

Service Delivery Model (optional): Delivery of instruction in selected environment, such as Direct Instruction, Consultation, etc.

Projected Start and End Dates of IEP: How long will the service(s) be provided? The span of time for which the service will be provided. Start date is required ([92 Neb. Admin. Code § 51-007.07A8](#)) but only include an End date if the services will end before the next annual IEP review.

Setting: The following categories permitted for setting:

Early Childhood	School Age
<ul style="list-style-type: none"> <i>Regular early childhood program ≥10 hrs., majority of services in regular program</i> – child attends a regular EC program 10 or more hours per week and receives most special education and related services within the same setting. 	<ul style="list-style-type: none"> General Education Setting- Public School
<ul style="list-style-type: none"> <i>Regular early childhood program <10 hrs., majority of services in regular program</i> – child attends a regular EC program fewer than 10 hours per week and receives most services within that program. 	<ul style="list-style-type: none"> Special Education Setting-Public School
<ul style="list-style-type: none"> <i>Regular early childhood program ≥10 hrs., majority of services elsewhere</i> – child attends a regular EC program 10 or more hours per week, but receives most services somewhere else (e.g., separate class, therapy room, or provider location). 	<ul style="list-style-type: none"> General Education Setting- *Nonpublic or Exempt Home School
<ul style="list-style-type: none"> <i>Regular early childhood program <10 hrs., majority of services elsewhere</i> - child attends a regular EC program fewer than 10 hours per week but receives most services somewhere else (e.g., separate class, therapy room, or provider location). 	<ul style="list-style-type: none"> General Education - Work site
<ul style="list-style-type: none"> <i>Separate class</i> – child receives special education in a self-contained early childhood special education classroom, with limited or no access to typically developing peers. 	<ul style="list-style-type: none"> General Education – Community-based setting (e.g., community college)
<ul style="list-style-type: none"> <i>Separate school</i> – child attends a separate school exclusively for children with disabilities 	<ul style="list-style-type: none"> Special Education Setting-* Nonpublic School or Exempt Home School
<ul style="list-style-type: none"> <i>Residential Facility-</i> child lives in and receives educational services at a residential facility (public or private) that provides special education. 	<ul style="list-style-type: none"> Separate School- public or private separate school designed specifically for students with disabilities, for the majority of the day.
<ul style="list-style-type: none"> <i>Home</i> – child receives special education services primarily in the home. 	<ul style="list-style-type: none"> Residential Facility- student lives in and receives educational services at a residential facility (public or private) that provides special education.
<ul style="list-style-type: none"> <i>Service provider location</i> – child receives services at a location operated by a service provider, such as a clinic, hospital outpatient setting, or private therapy office, and does not attend a regular EC program. 	<ul style="list-style-type: none"> Homebound/Hospital- student receives special education services at home or hospital setting, usually due to a medical/ health-related need.
	<ul style="list-style-type: none"> Correction/Detention Facility- student receives special education services in a correctional or juvenile justice facility.

Note: School-Age Educational Environment (ages 5 in kindergarten through 21) settings are based on the percentage of the school day a student receives education inside a regular class with nondisabled peers.

*Exempt (Home) School- Non-approved and non-accredited private schools where parents or guardians choose to educate children at home, electing not to meet state approval standards while still fulfilling the state's mandatory attendance law (Section 79-201 R.R.S.) by filing for exempt status under Nebraska Rule 13. Note: For further information refer to the [Non-Public Services](#) document on the Nebraska website.

Resident children with disabilities parentally placed in a nonpublic school continue to be eligible for the provision of a free and appropriate public education (FAPE) from the school district where the child resides. This includes Rule 13 exempt home schools as they meet the definition in 92 NAC § 51-015.03A2, "Elementary school shall mean . . . children attending nonpublic schools that are exempt from approval or accreditation pursuant to 92 NAC 12 and 92 NAC 13."

Location (92 Neb. Admin. Code § 51-007.07A8): Where will the service(s) take place? Location refers to the specific physical place or places where a student receives special education, related services, supplementary aids and services, program modifications, and/or support for school personnel. (Classroom A, therapy room, home, hospital).

Duration of Service (92 Neb. Admin. Code § 51-007.07A8): How long will each service be provided when it is provided? The amount of time allocated for each service (e.g., 30 minutes per occurrence, 45 minutes per occurrence). This approach highlights the specific instructional or intervention time provided during each occurrence of the service.

Service Length

The precise time measured for one instance of service delivery. If the term 'class period' is used, it must be defined in the IEP (e.g., '1 class period = 50 minutes').

Frequency (92 Neb. Admin. Code § 51-007.07A8): When will the service be provided (daily, weekly, monthly, quarterly, or per semester) or describe the condition under which the service will occur? Frequency must be clearly stated in measurable terms (e.g., '3 times per week,' '100 minutes per week', 'every time the student is expected to read independently', 'every time a student is in an environment that is expected to be noisy') and cannot use vague language such as 'as needed'.

Weekly Totals (optional): Total time period the service will be provided weekly. Needed for School Age Educational Environments calculation.

Supports for School Personnel (92 Neb. Admin. Code §§ 51-007.07A5, 007.07A8)

Supports for school personnel include training, coaching, consultation, or planning assistance provided to staff to enable effective implementation of the student's IEP.

Service	Service Delivery Model	Projected Start and End Date	Setting	Location	Duration	Frequency	Weekly Total
Enter text	Enter text	Enter text	Enter text	Enter text	Enter text	Enter text	Enter text

Assessment Participation (92 Neb. Admin. Code § 51-007.07A7)

Assessment accommodations documented here should also be used consistently throughout the year during the student's regular education classroom and district assessments, not only on statewide tests. Preschool teams should select Teaching Strategies GOLD; statewide NSCAS/ELPA21/Measure of Academic Progress (MAP) test selections apply to K–12 students only.

Assessment Participation Selection:

- Preschool:** Teaching Strategies GOLD (required)
- The student will participate in regular assessments
- The student will participate with accommodations (92 Neb. Admin. Code § 51-007.07A7)
- The student will participate in alternate assessment (NSCAS-AA)

If Regular Assessment is selected
List as applicable:
Click or tap here to enter text.

If NSCAS-AA is selected
Complete the NSCAS Alternate Assessment Eligibility Worksheet and use the Guiding Questions and Companion document to support this decision. Keep the completed worksheet in the student's record. 1. [Nebraska Student Centered Assessment System Alternate Assessment Eligibility Worksheet](#) 2. [AAS Guiding Questions for Alternate Assessment Participation 2024.pdf](#)

Suggested sources of evidence (examples):

- Multi-disciplinary team (MDT) reports
- Cognitive ability assessment
- Adaptive behavior skills assessments, checklists, inventories
- Benchmark academic assessments
- District-wide assessments
- Present levels of academic functional performance
- IEP progress data
- Assistive technology (AT) evaluation
- Data from research-based interventions
- Sensory/motor assessments

Note: Educators should never use IQ scores in isolation to determine eligibility.

If Alternate Assessment(s) is Selected (select all that apply):

- ELA
- Mathematics
- Science
- Other

Eligibility Determinations

Provide information that supports the possibility that the student has a most significant cognitive disability. (e.g., assessments, evaluations, observations, parent input, educator reports, etc.)

Eligibility Criterion	Evidence
Enter text	Enter text
Enter text	Enter text
Enter text	Enter text
Enter text	Enter text

Non-Participation Criteria Check (select all that apply):

If the decision was based solely on one factor, the student does not qualify for NSCAS-AA.

- Decision was not based solely on specific disability category
- Decision was not based solely on excessive or extended absence
- Decision was not based solely on native language, social, cultural, or economic differences
- Decision was not based solely on educational environment or instructional setting
- Decision was not based solely on percent of time receiving special education
- Decision was not based solely on English learner status
- Decision was not based solely on academic and other services received
- Decision was not based solely on low reading level
- Decision was not based solely on disruptive behavior
- Decision was not based solely on administration decision
- Decision was not based solely on accountability system impact
- Decision was not based solely on expected poor performance on the general education assessment

Parent or Guardian Discussion Occurred:

The implications of this decision were discussed thoroughly by the IEP team and are understood by the student's parent/guardian.

- Yes
- No

If Yes, Describe the Implications Discussed with Parent or Guardian

Click or tap here to enter text.

Extended School Year Services Considerations (92 Neb. Admin. Code § 51-007.07C5b)

The IEP Team should determine if any of the factors below will significantly jeopardize the student's ability to receive some benefit from the student's educational program during the regular school year if the student does not receive ESY services. ESY services are the individualized extension of specific special education and related services that are provided beyond the normal school year of the public agency, in accordance with the IEP.

Extended School Year Services Are Needed (select one):

- Yes
- No

If yes, the IEP must include the description, frequency, duration, and location of services in the service tables above.

Question	Yes	No	Discussion to Support Decision
Does the student's IEP include annual goals related to critical life skills?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Is there a likely chance of substantial regression of critical life skills caused by the normal school break and a failure to recover those skills in a reasonable time?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Is the student demonstrating a degree of progress toward mastery of IEP goals related to critical life skills?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Is there a presence of emerging skills or breakthrough opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Are there significant interfering behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Does the nature and severity of the disability warrant ESY?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text
Are there other special circumstances that require ESY?	<input type="checkbox"/>	<input type="checkbox"/>	Enter text

Procedural Safeguards Notice (92 Neb. Admin. Code § 51-009.06A)

Procedural Safeguards Notice Acknowledgment

I acknowledge that I have been provided a copy of the Procedural Safeguards Notice ([Parent Rights in Special Education](#))

Parent or Guardian Signature: Click or tap here to enter text.

Date Provided: Click or tap to enter a date.

Copy Provided By Name and Role: Click or tap here to enter text.

Method Provided (select one):

- In-person
- Mailed to physical address
- Emailed
- Other

If Other Method Provided, Specify: Click or tap here to enter text.

Rights and Contact Information Explained (92 Neb. Admin. Code § 51-007.06E)

Yes, the school explained my rights and my child's rights and told me whom I may contact if I need more information or another copy.

Name of Contact: Click or tap here to enter text.

Phone Number of Contact: Click or tap here to enter text.

Email Address of Contact: Click or tap here to enter text.

Summary of Parental or Guardian Explanation

Click or tap here to enter text.