

Individual Service Plan (ISP)

Creating the ISP in e-IEP PRO

Parent request for an ISP

Please refer to the Individual Service Plan (ISP) process in the 'Processes and Procedures' folder on the CUSD Special Education website

- ISPs are available to students attending a private school or who are homeschooled.
 - ISP is federally funded, and ESA is state funded.
- Current MET is required to begin the ISP process – team will follow the MET evaluation process and/or transfer if student has a current MET.
 - Note – The ISP process follows the triennial MET timeline
- Initial ISPs will be developed within 30 calendar days of the determination of eligibility date
- ISP requests are initiated by parent/guardian year to year. Sites do not track ISP due dates.

ISP Practices

- Gather data driven teacher input from the general education teacher at the private school/homeschool the student attends
 - If parent provides instruction in a homeschool setting, they will provide the general education teacher input
- Meeting notices are created for all meetings
 - Invite the current general education teacher from the private school/homeschool as they are required to participate in that role. Other private school staff can also participate as necessary.
 - Remember to have at least the 5 required roles participating in each meeting and any additional participants as appropriate (SLP, OT, PT, counselor, etc).
- PWNs are required for all meetings

Creating the ISP in e-IEP PRO

- From the e-IEP PRO Main Menu, select “Miscellaneous Forms”
- then “Add New Form”
- then “Service Plan” from the drop-down menu

Active Student: **Lion, Larry** Group Code: **TRN**
IEPs Expired (System-Wide): **22** In-Force IEPs Not Locked (System-Wide): **111**

Student Search: -OR- Enter Student ID

| | | |
|--------------------------|---------------------|---|
| Student Profile | Evaluation/MET | 6 |
| Conference Summaries | IEP Designer | 9 |
| Referrals | Reference Area | |
| Meeting Notices | Miscellaneous Forms | |
| Prior Written Notices | Reporting | |
| Supporting Documentation | Session Tracking | |

Section 504 8

| | | | | | |
|-----------------|-----------------|-----------------------|----------------|--------------|-----------|
| Student Profile | Meeting Notices | Prior Written Notices | Evaluation MET | IEP Designer | Reporting |
|-----------------|-----------------|-----------------------|----------------|--------------|-----------|

MISCELLANEOUS FORMS
Lion, Larry - IO107

| Delete | Copy | Date of Form | Form Type | PrintLock |
|----------------|------|--------------|-----------|-----------|
| + Add New Form | | | | |

| | | | | | |
|-----------------|-----------------|-----------------------|----------------|--------------|-----------|
| Student Profile | Meeting Notices | Prior Written Notices | Evaluation MET | IEP Designer | Reporting |
|-----------------|-----------------|-----------------------|----------------|--------------|-----------|

ADD NEW MISCELLANEOUS FORM

Student Name: **Lion, Larry**
Student ID: **IO107**
Group Code: **107**

Form Type: **-- Please Select --**

This option will be selected as the student as selected above. To proceed, return to the screen.

State Reporting Exit Report
Manifestation Determination
Service Plan
Summary of Performance (V8)
Health Aide Prepayment Review Form
Special Needs Transportation (Versatrans)

Add New Form

ISP Development

- **Meeting Date** = Date of meeting
- **Date of Initiation** = Date ISP developed (can be same as date of meeting)
- **End Date** = Last day of the school year
- **Date of Review/Revision** = First day of the next school year
- **Category of Eligibility** = select current eligibility area(s)
- **LRE** = J (in most cases, edit as applicable)
- **Elect to have child remain in private/home school** = enter name of school of attendance or “homeschool”

| SERVICE PLAN | | | |
|---|-------------------------------------|------------------------|-----------------------------|
| For Parentally Enrolled Children with Disabilities in Private/Home Schools | | | |
| Student Name: | Lion, Larry | Home School: | Galveston Elementary School |
| Grade Level: | | Service School: | |
| Parent Name: | Mrs. Lion | Telephone: | |
| Address: | 123 E. School Way Chandler AZ 85225 | | |
| Date of Birth: | 8/10/2003 | | |
| Form Created On: | 11/13/2024 | Meeting Date: | <input type="text"/> |
| Date of Initiation: | <input type="text"/> | End Date: | <input type="text"/> |
| Date of Review/Revision: | <input type="text"/> | | |
| Category of Eligibility / Least Restrictive Environment (LRE) | | | |
| Eligibility #1: | <input type="text"/> | Eligibility #4: | <input type="text"/> |
| Eligibility #2: | <input type="text"/> | Eligibility #5: | <input type="text"/> |
| Eligibility #3: | <input type="text"/> | Eligibility #6: | <input type="text"/> |
| Least Restrictive Environment: | | | |
| <input type="text" value="(J) - Private School placement, enrolled by parent(s)"/> | | | |
| I have met with the school-based Multidisciplinary Eligibility Team and I understand that my child is eligible for special education services under an Individual Education Plan. | | | |
| However, I elect to have my child remain in a private/home school: <input type="text"/> | | | |

ISP Development

Complete all fields

Listed below are the services to be provided to my child:

Special Education and Related Services to be Provided by the District:

| Service | Start Date | Frequency | End Date | Location |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Supplementary Aids and Services:

| Service | Start Date | Frequency | End Date | Location |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Present Levels of Academic Achievement and Functional Performance
Include a statement of the child's present levels of academic achievement and functional performance and how the child's disability affects the child's involvement and progress in general curriculum.

☐ Academic/Cognitive ☐ Communication ☐ Social
☐ Self-Help/Adaptive ☐ Motor ☐ Transition
☐ Other:

Statement:

- **Special Education and Related Services**
 - Services should target specific areas: i.e. Speech Therapy, Basic Reading, Social Skills, etc.
- **Frequency** – enter “proportionate share”
- **End date** – last day of the school year
- **Location** – outside provider
- **Supplementary Aids/Services** – enter as appropriate
- **Present Levels** – select all corresponding areas
 - Statement – enter data from the MET, current providers, general education teacher input, etc.

ISP Development - continued

- **Measurable Goals** – add goal(s) that reflect the student's identified need(s)
- **Evaluation Criteria** – select all corresponding data sources discussed
- **Classroom Accommodations** – add accommodations as appropriate

Measurable Annual Goals, Short-Term Objectives and/or Benchmarks
Goals are based on Arizona Standards

| | | |
|---|------------------------------------|----------------|
| Needs Area: -- Select -- | Annual Goal: <div></div> | Goal #1 |
| Person Responsible: <div></div> | Progress: <div></div> | |

Update

Add Goal

Evaluation Criteria

☐ Baseline Data

☐ Informal Testing

☐ Daily Performance

☐ Individual Achievement Testing

☐ Class Participation

☐ Other:

Classroom Accommodations:
No Accommodations selected.

Accommodations Bank
Enter a New Accommodation: *(use ctrl or shift to select multiple accommodations)*

[Custom] Blank # 1

[Custom] Blank # 2

[Environmental] Allow provisions for physical movement (distribute materials, run errands, etc.)

[Environmental] Find student a quiet area for independent work

[Environmental] Minimize distractions in classroom

Add New

Service Plan Participants

Save Print Student Name: **Lion, Larry** Select

Service Plan Review | Service Plan Participants

Group Code: **TRN** Student ID: **IO107**
Last Updated: **11/13/2024 3:46:02 PM** Group/User Last Updated: **TRN / jlmitchell**

SERVICE PLAN PARTICIPANTS

Service Plan Participants
Name and Position of those in Attendance

| Delete | Role | Name |
|--------|---------------------------------------|----------------------|
| | District/School Representative | <input type="text"/> |
| | General Education Teacher | <input type="text"/> |
| | Ind. to interpret instr. implications | <input type="text"/> |
| | Parent/Guardian/Surrogate | <input type="text"/> |
| | Special Education Teacher | <input type="text"/> |

Update

Participant Roles
Service Plan Participants Bank:

*Student
504 Coordinator
Adapted PE
Administrator or designee/LEA
Agency Representative
Audiologist
Counselor
District/School Representative
EL Coordinator
ELL Representative

Add Selected Roles

- Select Participant Roles
 - Select at least the 5 legally required participants
 - Add any additional staff that CUSD is inviting to the meeting (related therapists, etc)
- Enter Name of Participants
- Gather signatures at the meeting