



myIDEA

Davis District's Tool For
Managing the IEP Process from A to Z

TOM JOHNSON

DSD'S SPECIAL EDUCATION DATA/
COMPLIANCE MANAGER

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5 KEY THINGS TO KNOW ABOUT MYIDEA UNTIL BOOTCAMP



- USER ID & Password (encore login)
- Finding your students
- Setting yourself as case manager
- Previewing Documents
- Don't Click New . . . Unless you Mean it!

USER ID & LOGIN

- Your username and login for myIDEA & Encore are the same.
- Encore is Davis' student information system (eg. registration, lunch money, HR, transportation, etc.)
- Access to myIDEA should be available to most of you right now.

The image shows a login interface for a system called myIDEA. At the top, the word "myIDEA" is displayed in a large, white, bold, sans-serif font with a dark blue outline, set against a light blue background. Below this, the background transitions to a darker blue with a subtle wave pattern. The text "Sign In" is centered in a white, sans-serif font. Underneath, there are two input fields with yellow backgrounds. The first field is labeled "* Username:" in blue text and contains the text "tomjohnson". The second field is labeled "* Password:" in blue text and contains eight black dots. To the right of these fields is a white button with the text "Login" in blue. The entire interface is framed by a thin white border.

FINDING YOUR STUDENTS

To Do		
All SPED Students		
All Students		
Options ▾	View ▾	Clear Filters
	Johnson	
	Last Name	First Preferred Name
select	JOHNSON	
select	JOHNSON	
select	JOHNSON	
select	JOHNSON	
select	JOHNSON	
select	JOHNSON	
select	JOHNSON	
select	JOHNSON	KENTON
select	JOHNSON	
select	JOHNSON	
select	JOHNSON	
Columns Hidden 15		

Filter

Click "select" to view student.

Student Reports ▾

Student Information

Last Name	JOHNSON	First Preferred Name	KENTON
First Name	KENTON	Gender	MALE
Middle Name		Ethnicity	WHITE
Date of Birth	03-Mar-2004	Student Language	ENGLISH
Age	10	Home Language	ENGLISH
Enrolled School	ODYSSEY ELEMENTARY	Home Phone	
Student Id	1397798	Home Address	
Grade	05	City-State-Zip	

Guardian Information

Guardian Name		Alt Phone	
Relation		Email	

File Information

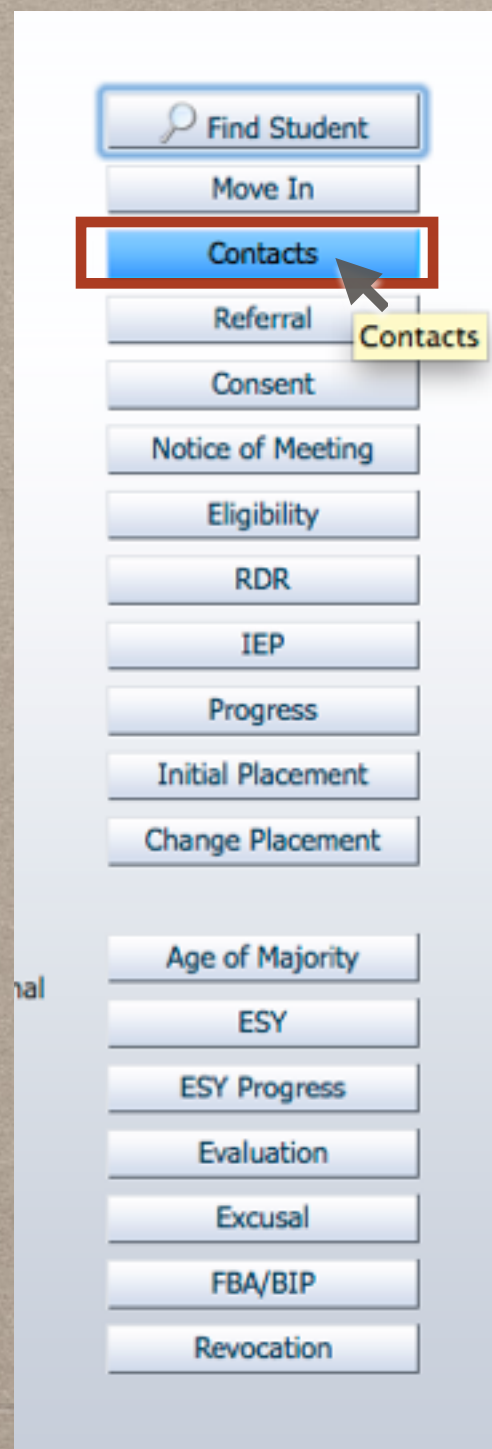
Case Manager	Not Assigned	Eligibility Due Date	05-Jul-2017
IEP Due Date	06-Jul-2015	Enrollment Code	1st Time In Utah

SCRAM Information

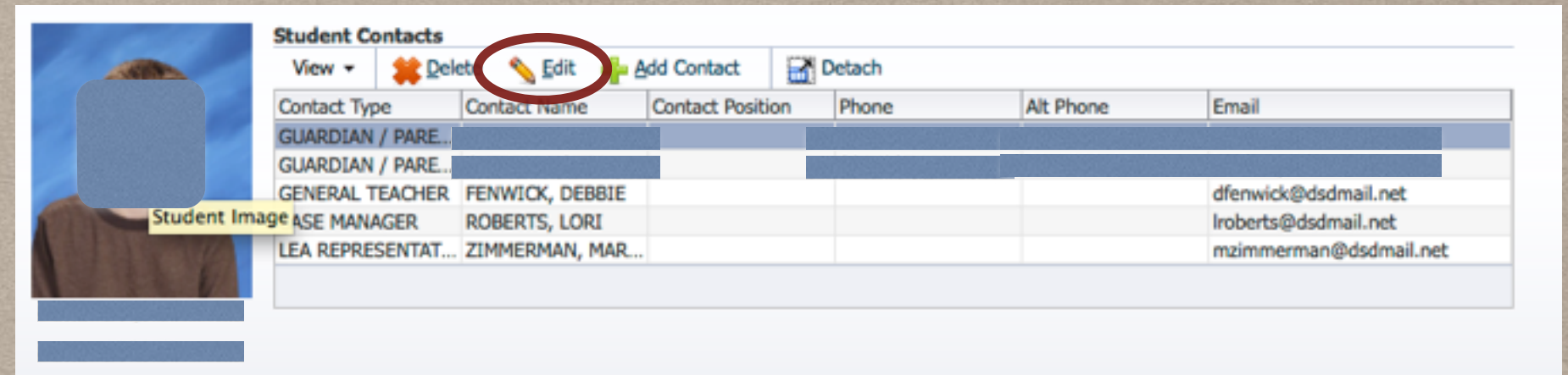
Eligibility	SPEECH OR LANGUAGE IMPAIRMENT
Start Date	25-Aug-2014
Time Frame	60 - 179 Minutes of Sp Ed/Related service (Resource)
Environment	Regular School Setting [6 year old-12th grade students only] (This includes students with skills students.)
Percent	The student spends at least 80% of the school day with non-disabled peers
Educational Program	Learning Center

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SETTING YOURSELF AS CASE MANAGER



A vertical menu of buttons. The 'Contacts' button is highlighted with a red rectangle, and a yellow callout bubble with the word 'Contacts' points to it. Other buttons include 'Find Student', 'Move In', 'Referral', 'Consent', 'Notice of Meeting', 'Eligibility', 'RDR', 'IEP', 'Progress', 'Initial Placement', 'Change Placement', 'Age of Majority', 'ESY', 'ESY Progress', 'Evaluation', 'Excusal', 'FBA/BIP', and 'Revocation'.

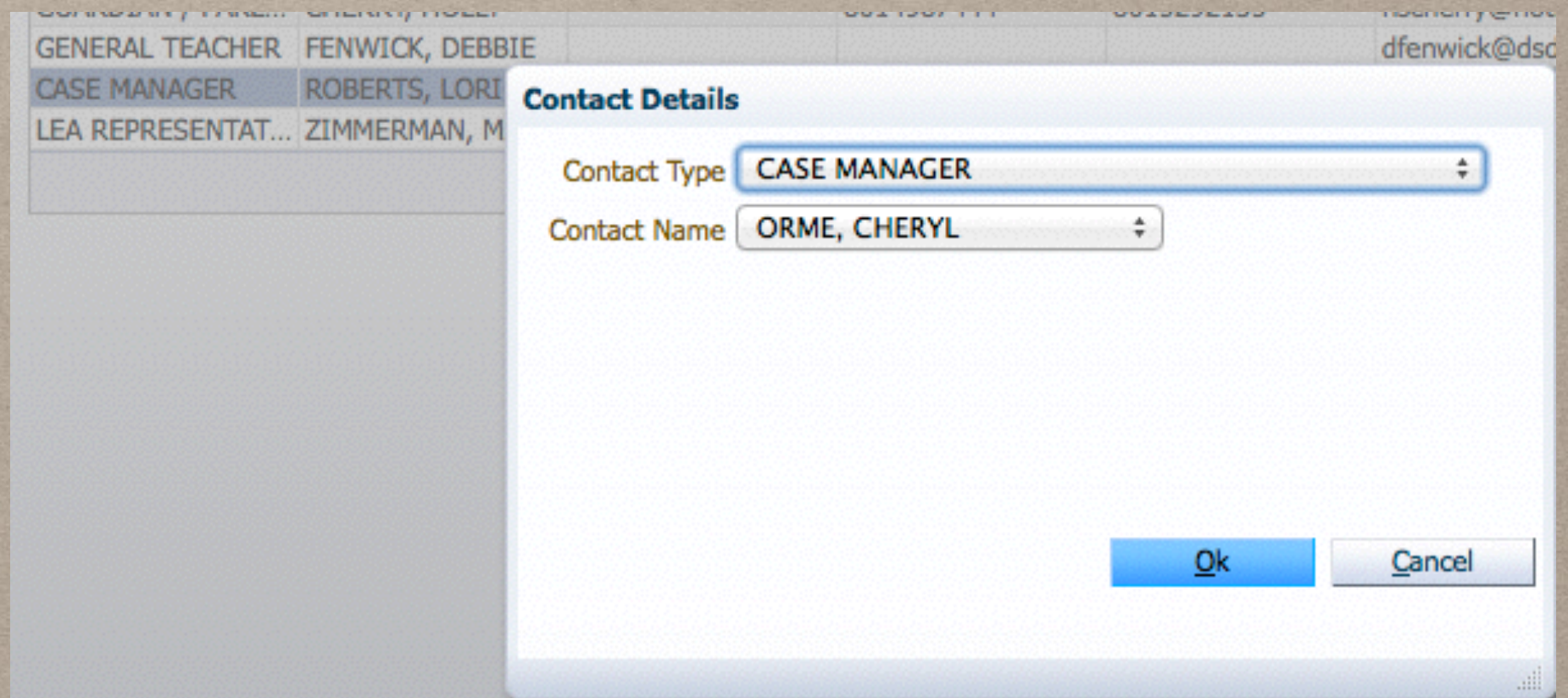


Student Contacts

View ▾  Delete  Edit  Add Contact  Detach

Contact Type	Contact Name	Contact Position	Phone	Alt Phone	Email
GUARDIAN / PARE...					
GUARDIAN / PARE...					
GENERAL TEACHER	FENWICK, DEBBIE				dfenwick@dsdmail.net
CASE MANAGER	ROBERTS, LORI				lroberts@dsdmail.net
LEA REPRESENTAT...	ZIMMERMAN, MAR...				mzimmerman@dsdmail.net

Student Image



GENERAL TEACHER FENWICK, DEBBIE
CASE MANAGER ROBERTS, LORI
LEA REPRESENTAT... ZIMMERMAN, M

dfenwick@dsc

Contact Details

Contact Type **CASE MANAGER**

Contact Name **ORME, CHERYL**

Ok Cancel

VIEWING DOCUMENTS

Referral

Consent

Notice of Meeting

Eligibility

RDR

IEP

Progress

Initial Placement

Change Placement

IEP Archive

View ▾



Detach

Report	Finalized By	Meeting Date	Due Date	Addendum Date
view	SFPHELPS	23-Jan-2013	22-Jan-2014	
view	SFPHELPS	23-Jan-2013	22-Jan-2014	26-Mar-2013
view	SFERRIN	28-Mar-2012	27-Mar-2013	28-Mar-2012
view	SFERRIN	28-Mar-2012	27-Mar-2013	
view	JAHANSEN	28-Mar-2012	27-Mar-2013	29-Nov-2012
view	SFERRIN	22-Aug-2011	20-Aug-2012	14-Nov-2011

Columns Hidden 5

[View Finalized Report](#)

Referral Information	
Student's Name	_____
Student's ID	_____
Date of Birth	____/____/____
Attending School	_____
Grade	____
Track	____
Student's Language	English
Home Language	English

Referral Information	
Date of Referral	21-APR-2014
Person/Program Making Referral	FEMINOC, DEB
Assigned to	ROGAS/STL, LCBH
<p>X. Student information documentation is attached and</p> <p>X. Evaluation recommended: Send the Prior No Subaquity is included</p> <p>No evaluation recommended at this time. See A copy of the Procedural Subaquity is included</p>	
<p>Local Education Agency Designee (LEA) Signature _____</p>	

Evaluation Results Summary Price Notice for Identification and Determination	
Oaks School District 242 North 12300 West Layton, Phone: 801-422-5850 Fax: 801-422-5851	
Student Information	
Student	Justin Cherry
Student ID	1284763
Date Of Birth	10-06-2004
Attending School	North Springs E
Grade	33
Meeting Date	01-MAY-2016
Proposed Eligibility	Speech Or Language
General Evaluation Questions	
As part of the evaluation, were vision and hearing assessed?	
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> Other Vision Screening Date:	
<input type="checkbox"/> Other Vision Screening Results:	
<input type="checkbox"/> Other Hearing Screening Date:	
<input type="checkbox"/> Other Hearing Screening Results:	
Screening Hearing	Date: 08-JAN-2016
Screening Vision	Date: 18-AUG-2013
Medical and Developmental History from a Qualified Professional	
<input checked="" type="checkbox"/> Not required for the eligibility category under consideration	
<input type="checkbox"/> Medical Report Date:	
Reported by:	
Relevant information from medical history	
<input type="checkbox"/> Specific syndromes documented by the medical history:	
<input type="checkbox"/> No syndromes documented	
Developmental History	
<input checked="" type="checkbox"/> Developmental History is not required for the eligibility category	
<input type="checkbox"/> Developmental History Date:	
<input type="checkbox"/> Developmental history reported by (dependent):	
<input type="checkbox"/> Developmental history taken by:	
Relevant information from developmental history:	
Disability Specific Evaluation Criterion	
Speech/Language Impairment Evaluation Criterion	

Prior Notice and Consent for Evaluation (Check Below) _____ Send Signature to: _____ 200 North 10th Street, Apt. 200 Phone: 800-424-3000 Fax: _____		
Student Information		
Student _____	Student's Onset _____	Gender _____
Student ID _____	Teacher _____	_____
Date Of Birth _____	To receive info _____	_____
Attending School _____	Send Signings E _____	_____
Parent Prior Notice for Evaluation/Re-Evaluation		
We are proposing to evaluate/re-evaluate (Student's) to identify if we should request special education services under the Individuals with Disabilities Education Act (IDEA) and/or Section 504 of the Rehabilitation Act of 1973, as amended, or prepare this evaluation because there are concerns about how (Student's) have been performing academically. Concerns about how (Student's) are performing. The Principal/Principal's Representative included with this form from this evaluation will reflect the determination of (Student's) for Identification and Determination of Eligibility. If the relevant individualized Educational Program (IEP) will be in addition to any existing related to (Student's) eligibility, services and educational goals regarding the school or educational facilities, contact the Principal/Principal's Representative at all times.		
I am giving your permission to conduct this evaluation. We may give any note to assess other than those indicated below, either individually or collectively.		
Instruction/Cognitive _____	Academic _____	_____
Motor _____	Physical/Motor _____	_____
Social/Behavioral _____	Learning _____	_____
Vocational/Transition _____	_____	_____
Upon receipt of the signed consent form, evaluation will begin. This evaluation cannot begin until an evaluation and determination of the evaluation result and documentation of determination of permission for this evaluation.		
Family Educational Rights and Privacy Act (FERPA) Consent		
Time Limit		
Under the Law (FERPA 34 USC 12201), a parent giving consent to this notice gives the initiation of the evaluation in order to allow (Student's) parent to retain this 2-year period. Your signature will be used to certify that you have read this notice and you have consented for an evaluation to begin. The team may proceed with assessment.		
I give consent to retain the 2-year working period for psychological assessment.		
Parent Consent Declaration		
Please indicate your consent decision, sign below and return to: _____		
I DO give permission for the evaluation requested and do not understand that all results will be kept confidential and do not understand a copy of this form and a copy of the Procedures for the IEP will be given to me. I understand that I have given my consent to this evaluation and do not understand that all results will be kept confidential and do not understand a copy of this form and a copy of the Procedures for the IEP signifies that I have received a copy of this form and a copy of the Procedures for the IEP.		
Signature of Parent/Guardian/Adult Student _____		
Date Sent: 01-04-2010 Date Signed: Consent Form Returned _____		

Individualized Education Program (IEP)		Page 1
<p>Green School District Green Springs Elementary 262 North 107th Street Layton, UT 84041 Phone: 801-453-3693 Fax: 801-452-2051</p>		
I. Student and File Demographics		
Student	Jedion Cherry	
Student ID	128143	
Date of Birth	10-NOV-2006	
IEP Meeting	21-MAY-2014	
IEP Code	35-APR-2015	
Eligibility Date	01-MAY-2014	
Eligibility End Date	25-APR-2017	
Attending School	SAND SPRINGS ELEMENTARY	
Classification	SPEECH OR LANGUAGE IMPAIRMENT	
Grade	50	
II. Review of Previous IEP		
Has the IEP been reviewed the previous year IEP in preparation for the development of the current IEP?		
Yes		
If not applicable, this is the initial IEP		
3. Present Levels of Academic Achievement and Functional Performance and Measurable Annual Goals		
Communication		Continuation
Present Levels of Academic Achievement and Functional Performance		
For students 16 and over (or younger if appropriate) complete with Transition Plan on PLAAFP and Goals. Based upon assessment and observation, Jedion produces all speech sounds except /s/ and /z/, which are produced with a frontal lip in the alveolar ridge of mouth. Jedion is able to follow cues for correct placement in 20% of target words (all positions). Jedion needs to produce all speech sounds as he can contribute to and build understanding of words and topics through reflective participation in conversations and progress in the general curriculum.		
Methods of how the student's progress toward this goal will be measured:		
Test Scores	Grades	Work Sample
Curriculum-Based Assessment	Behavior Observation	Checklist
		& Treatment Therapy Log
Parents will receive periodic PROGRESS REPORTS as often as progress is reported for students without disabilities.		
Measurable Annual Goal:		
Jedion will independently produce /s/ and /z/ in all positions of words, in conversation, with at least 85% accuracy over three consecutive measures.		
Short Term Objectives/Benchmarks:		
4. Special Education Services, Related Services, Program Modifications and Transportation		
Special Education services the student needs to achieve his annual goals and advance in the general curriculum:		
Service:	Speech/Communication Skills Location:	Special Education Frequency: 30 minutes Weekly
Parent wishes the student requires to benefit from Special Education		
Program accommodations, modifications and supports for school personnel and/or supplementary aids in his		

DON'T CLICK NEW YET



Welcome TOM JOHNSON (sign out)

erify Finalize **New** Print

Create New Form

	Addendum Date
14	



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