



Special Education | FILE UPLOAD



Special Education File Layout Example Spreadsheet

Spreadsheet tabs include:

- File Layouts
- Student Roster (p. 2)
- Early Learning Outcomes (p. 6)
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Refer to Special Education [Data Domain Mapping document](#) for data element details, definitions, and field options.

Provide one record for every special education student being served or exiting services.

Student Roster tab must be saved as a separate CSV file and uploaded to MSIS. File should be uploaded at the end of each month or when data elements are added or changed.

Column	Data Element Name	Additional Notes
A	School Year	Last year of the current School Year (Ex: 2024-2025 = 2025)
B	LEA Identification System	"SEA" for all records
C	LEA Identifier	4-digit district number. Include leading zeros. (Ex: 0123)
D	School Identification System	"SEA" for all records
E	School Identifier	4-digit district number and 3-digit school number separated by a hyphen. Include leading zeros. (Ex: 0123-045)
F	Student Identifier	MSIS ID
G	Primary Disability Type	Primary Disability (See Special Education Data Domain Mapping document for available options.)
H	Secondary Disability Type	Secondary Disability (See Special Education Data Domain Mapping document for available options.)
I	Exit Date	Date services discontinued
J	SCD Indicator	Yes or No
K	LRE Early Childhood	Early Childhood LRE. (See LRE Legacy Mapping document.)
L	LRE School Age	School Age LRE. (See LRE Legacy Mapping document.)

● Element recorded on IEP. See the following pages that denote the corresponding IEP field. ○ Element not recorded on IEP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

IEP Committee Meeting Date: ____/____/____ **Projected Annual Review Date:** ____/____/____

IEP Implementation Date: ____/____/____ **Projected End Date:** ____/____/____
(Projected date when services and programs will begin) *(Projected date when services and programs will end)*

Date of Birth: ____/____/____ **Age:** _____ **Primary Eligibility:** _____

Gender: Female Male **Ethnicity:** _____ **Secondary Eligibility:** _____

Grade: _____ **School:** _____ **Current Eligibility Date:** ____/____/____

Projected Re-evaluation Date: ____/____/____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

IEP COMMITTEE PARTICIPANTS *(Signatures are not required.)*

Initial <i>(Written Parental Permission for Initial Placement must be signed before implementation.)</i>		Annual	
Name	Position	Name	Position

Names and Positions of Excused IEP Committee Members *(Attach document to IEP)*

Name	Position	Name	Position

The IEP meeting was conducted via alternate means of technology: N/A **This IEP meeting was recorded:** Yes No
 Video Conferencing Conference Call Other: _____

EVALUATIONS

Check any evaluations or follow-ups needed to determine special education services and/or related service needs.

Functional Behavioral Assessment (FBA)
 Assistive Technology Assessment
 Occupational or Physical Therapy Evaluation
 List other evaluation(s)/follow-up(s) _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM

- This student is not required to participate in statewide assessments as he or she is older than 18 years of age.
- This student meets the criteria for SCD and is younger than 8 years of age.

SIGNIFICANT COGNITIVE DISABILITY (SCD) DETERMINATION

To be classified as a student having a significant cognitive disability, ALL of the criteria below must be true.

- Yes No The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- Yes No The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- Yes No The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

The student **MEETS** the criteria for having a significant cognitive disability.

J The student will receive instruction on the Alternate Academic Standards.

The student **DOES NOT MEET** the criteria for having a significant cognitive disability.

STATE- OR DISTRICTWIDE ASSESSMENT FOR STUDENTS WITH A SIGNIFICANT COGNITIVE DISABILITY

Indicate any assessments the student will complete during the current year, specifying the edition, if applicable.

NOTE: The IEP Committee may not remove the requirements for English Learners to be assessed in all four (4) domains of the ELPT. If the student is unable to participate in fewer than four (4) domains, the ELPT score will be based on the remaining domains in which it is possible to assess the student.

	Grade Level (Age for non-graded students)											
	PK	K-2 (5-7 yrs.)	3 (8 yrs.)	4 (9 yrs.)	5 (10 yrs.)	6 (11 yrs.)	7 (12 yrs.)	8 (13 yrs.)	9 (14 yrs.)	10 (15 yrs.)	11 (16 yrs.)	12 (17, 18 yrs.)
MKAS2/Kindergarten Readiness Assessment												
Third Grade MAAP ELA Assessment												
MAAP-A (ELA)												
MAAP-A (Mathematics)												
MAAP-A (Science)												
MAAP-A EOC (English II)												
MAAP-A EOC (Algebra I)												
MAAP-A EOC (Biology)												
English Language Proficiency Test (ELPT)												
ACT (American College Test)												
Other:												
Other:												

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

<p>Special Transportation</p> <p>Is special transportation needed in the selected LRE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

MSIS Classification for LRE
Time Student Receives Special Education Outside of the General Education Classroom

Preschool LRE Classification *(Check one below for students ages 3-5)*

- | | | |
|----------|---|---|
| K | <input type="checkbox"/> PC /Home | <input type="checkbox"/> PI /Regular program ten (10) or more hours per week and served in the regular program |
| | <input type="checkbox"/> PE /Residential Facility | <input type="checkbox"/> PJ /Regular program ten (10) or more hours per week and served in another location |
| | <input type="checkbox"/> PF /Separate School | <input type="checkbox"/> PK /Regular program less than ten (10) hours per week and served in the regular program |
| | <input type="checkbox"/> PG /Separate Class | <input type="checkbox"/> PL /Regular program less than ten (10) hours per week and served in another location |
| | <input type="checkbox"/> PH /Service Provider Location | |

School-age LRE Classification *(Check one below for students ages 6-21)*

- | | |
|----------|---|
| L | <input type="checkbox"/> SA /Inside general education class 80% or more of the day |
| | <input type="checkbox"/> SB /Inside general education class 40% to 79% of the day |
| | <input type="checkbox"/> SC /Inside general education class less than 40% of the day |
| | <input type="checkbox"/> SD /Separate School |
| | <input type="checkbox"/> SF /Residential Facility |
| | <input type="checkbox"/> SH /Home-Hospital |
| | <input type="checkbox"/> SI /Correctional Facilities |
| | <input type="checkbox"/> SJ /Parentally Placed in Private Schools |



Refer to Special Education [Data Domain Mapping document](#) for data element details, definitions, and field options.

Provide one record for every special education student ages 3-5.

Early Learning Outcomes tab must be saved as a separate CSV file and uploaded to MSIS. File should be uploaded at the end of each month or when data elements are added or changed.

Column	Data Element Name	Additional Notes
A	School Year	Last year of the current School Year (Ex: 2024-2025 = 2025)
B	LEA Identification System	"SEA" for all records
C	LEA Identifier	4-digit district number. Include leading zeros. (Ex: 0123)
D	School Identification System	"SEA" for all records
E	School Identifier	4-digit district number and 3-digit school number separated by a hyphen. Include leading zeros. (Ex: 0123-045)
F	Student Identifier	MSIS ID
G	Outcome A Progress	Outcome A Progress Indicator
H	Outcome B Progress	Outcome B Progress Indicator
I	Outcome C Progress	Outcome C Progress Indicator
J	Outcome A Entry Score	Outcome A Entry Score
K	Outcome A Entry Score Date	Outcome A Entry Score Date
L	Outcome A Entry Time Point	"Baseline" for all records
M	Outcome A Exit Score	Outcome A Exit Score
N	Outcome A Exit Score Date	Outcome A Exit Score Date
O	Outcome A Exit Time Point	"AtExit" for all records



Element not recorded on IEP. The IEP is not the source of truth for these data elements.

Column	Data Element Name	Additional Notes
P	Outcome B Entry Score	Outcome B Entry Score
Q	Outcome B Entry Score Date	"Baseline" for all records
R	Outcome B Entry Time Point	Outcome B Exit Score
S	Outcome B Exit Score	Outcome B Exit Score Date
T	Outcome B Exit Score Date	"AtExit" for all records
U	Outcome B Exit Time Point	Outcome C Entry Score
V	Outcome C Entry Score	Outcome C Entry Score Date
W	Outcome C Entry Score Date	"Baseline" for all records
X	Outcome C Entry Time Point	Outcome C Exit Score
Y	Outcome C Exit Score	Outcome C Exit Score Date
Z	Outcome C Exit Score Date	"AtExit" for all records
AA	Outcome C Exit Time Point	"Baseline" for all records



Element not recorded on IEP. The IEP is not the source of truth for these data elements.



Refer to Special Education [Data Domain Mapping document](#) for data element details, definitions, and field options.

Provide one record for every student referred for special education evaluation.

Evaluation Data tab must be saved as a separate CSV file and uploaded to MSIS. File should be uploaded at the end of each month or when data elements are added or changed.

Column	Data Element Name	Additional Notes
A	School Year	Last year of the current School Year (Ex: 2024-2025 = 2025)
B	LEA Identification System	"SEA" for all records
C	LEA Identifier	4-digit district number. Include leading zeros. (Ex: 0123)
D	School Identification System	"SEA" for all records
E	School Identifier	4-digit district number and 3-digit school number separated by a hyphen. Include leading zeros. (Ex: 0123-045)
F	Student Identifier	MSIS ID
G	Consent To Evaluation Date	Parent Permission to Test Date
H	Consent To Evaluation	Yes/No Parent Permission to Test
I	Eligibility Decision	Yes/No Eligibility Decision
J	Eligibility Determination Date	Eligibility Decision Date
K	Eligibility Evaluation Date	Evaluation Date
L	Parent Permission to Serve	Yes/No Parent Permission to Serve
M	IEP Authorization Document Type	"Placement" for all records
N	Timeliness Reason	Reason evaluation was/was not completed within the timeframe. (See Special Education Data Domain Mapping document for available options.)



Element not recorded on IEP. The IEP is not the source of truth for these data elements.





Refer to Special Education [Data Domain Mapping document](#) for data element details, definitions, and field options.



Provide one record for every student with an IEP.

IEP Data tab must be saved as a separate CSV file and uploaded to MSIS. File should be uploaded at the end of each month or when data elements are added or changed.



Column	Data Element Name	Additional Notes
A	School Year	Last year of the current School Year (Ex: 2024-2025 = 2025)
B	LEA Identification System	"SEA" for all records
C	LEA Identifier	4-digit district number. Include leading zeros. (Ex: 0123)
D	School Identification System	"SEA" for all records
E	School Identifier	4-digit district number and 3-digit school number separated by a hyphen. Include leading zeros. (Ex: 0123-045)
F	Student Identifier	MSIS ID
G	Document Type (IEP)	02196 for all records (IEP)
H	Document Date Type	"Implementation" for all records (IEP Implementation Date)
I	IEP Implementation Date	IEP Implementation Date
J	Document Type (IEP)	02196 for all records (IEP)
K	Document Date Type	"TentativeRevision" for all records (Projected Annual Review Date)
L	Projected Annual Review Date	Projected Annual Review Date
M	Projected End Date	Projected End Date
N	IEP Committee Meeting Date	IEP Committee Meeting Date
O	Projected Re-evaluation Date	Projected Re-evaluation Date

 Element recorded on IEP. See the following pages that denote the corresponding IEP field.  Element not recorded on IEP

Column	Data Element Name	Additional Notes
P	Progress Report Frequency	Notification of Progress Provided to Parents/Guardians - Frequency
Q	Report Type	"Progressreports" for all records
R	Procedural Safeguards Notice Indicator	Procedural Safeguards Notice Indicator
S	Document Type (Transition)	05982 for all records where student has a Transition Plan
T	Student Invitation for Transition Planning	Yes/No Student was invited to IEP Meeting for transition
U	Agency Invitation for Transition Planning	Yes/No Participating Agency was invited to IEP Meeting for transition
V	Behavior Intervention Indicator	Yes/No Behavior Intervention Indicator
W	FBA Date	FBA Date
X	Document Type (BIP)	75019 for all records where student has a Behavior Intervention Plan (BIP)
Y	Document Date Type	"Development" for all records (BIP Development Date)
Z	BIP Development Date	BIP Development Date
AA	Document Type (BIP)	75019 for all records where student has a Behavior Intervention Plan (BIP)
AB	Document Date Type	"Implementation" for all records; BIP Implementation Date
AC	BIP Implementation Date	BIP Implementation Date
AD	Document Type (BIP)	75019 for all records where student has a Behavior Intervention Plan (BIP)
AE	Document Date Type	"Revision" for all records (BIP Revision Date)
AF	BIP Revision Date	BIP Revision Date
AG	IEP Signed Indicator	Yes/No IEP Signed

 Element recorded on IEP. See the following pages that denote the corresponding IEP field.  Element not recorded on IEP

Column	Data Element Name	Additional Notes
AH	IEP Signed Date	IEP Signed Date
AI	Document Type	"IEP" for all records
AJ	Evaluations Needed 1	Evaluations Needed
AK	Evaluations Needed 2	Evaluations Needed
AL	Evaluations Needed 3	Evaluations Needed
AM	Evaluations Needed 4	Evaluations Needed
AN	Evaluations Needed 5	Evaluations Needed

 Element recorded on IEP. See the following pages that denote the corresponding IEP field.
  Element not recorded on IEP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

A

C

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

F

N

IEP Committee Meeting Date: ____/____/____ **Projected Annual Review Date:** ____/____/____

L

I

IEP Implementation Date: ____/____/____ **Projected End Date:** ____/____/____
(Projected date when services and programs will begin) *(Projected date when services and programs will end)*

M

Date of Birth: ____/____/____ **Age:** _____ **Primary Eligibility:** _____

Gender: Female Male **Ethnicity:** _____ **Secondary Eligibility:** _____

Grade: _____ **School:** _____ **Current Eligibility Date:** ____/____/____

Projected Re-evaluation Date: ____/____/____

O

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

IEP COMMITTEE PARTICIPANTS *(Signatures are not required.)*

<input type="checkbox"/> Initial <i>(Written Parental Permission for Initial Placement must be signed before implementation.)</i>		<input type="checkbox"/> Annual	
Name	Position	Name	Position

Names and Positions of Excused IEP Committee Members *(Attach document to IEP)*

Name	Position	Name	Position

The IEP meeting was conducted via alternate means of technology: N/A **This IEP meeting was recorded:** Yes No
 Video Conferencing Conference Call Other: _____

EVALUATIONS

- Check any evaluations or follow-ups needed to determine special education services and/or related service needs.*
- Functional Behavioral Assessment (FBA)
 - Assistive Technology Assessment
 - Occupational or Physical Therapy Evaluation
 - List other evaluation(s)/follow-up(s) _____

AJ - AN

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

IEP COMMITTEE PARTICIPANTS <i>(Signatures are not required.)</i>			
IEP Action: <input type="checkbox"/> Review <input type="checkbox"/> Revise <input type="checkbox"/> Amend <input type="checkbox"/> ESY		Date: _____	
Name	Position	Name	Position
	Agency Representative		Interpreter
	General Educator		Other:
	Special Educator		Other:
	Parent/Guardian		Other:
	Parent/Guardian		Other:
	Student		Other:
Names and Positions of Excused IEP Committee Members <i>(Attach document to IEP)</i>			
Name	Position	Name	Position
The IEP meeting was conducted via alternate means of technology: <input type="checkbox"/> N/A		This IEP meeting was recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other:			
EVALUATIONS			
<i>Check any evaluations or follow-ups to determine special education services and/or related service needs.</i>			
<input type="checkbox"/> Functional Behavioral Assessment (FBA)			
<input type="checkbox"/> Assistive Technology Assessment			
<input type="checkbox"/> Occupational or Physical Therapy Evaluation			
<input type="checkbox"/> List other evaluation(s)/follow-up(s) _____			
PROCEDURAL SAFEGUARD NOTICE			
<input type="checkbox"/> I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.			
<input type="checkbox"/> I do not wish to receive a copy of the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.			
Parent/Guardian Signature: _____		Date: _____	
SUMMARY OF REVISION			
<i>Describe any changes in services and supports in the IEP (e.g., addition or deletion of services provided, increase or decrease in frequency of services provided).</i>			
<input type="checkbox"/> Check to verify that all changes were made in the IEP.			

R

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Ages 3-5

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

ANNUAL GOAL BASELINE DATA		
<p><i>Baseline data to determine the annual goal must include: (a) a data source, (b) a clear description of the observable "target" skill or behavior, (c) the condition under which the "target" skill or behavior can be observed, and (d) the <u>current</u> rate of performance based on baseline data.</i></p>		
AREA OF ANNUAL GOAL		
<p>Social Emotional Skills and Relationships: <input type="checkbox"/> Social <input type="checkbox"/> Emotional <input type="checkbox"/> Behavioral <input type="checkbox"/> Other:</p>		
<p>Knowledge and Skills: <input type="checkbox"/> Communication <input type="checkbox"/> Pre-Academic <input type="checkbox"/> Cognitive <input type="checkbox"/> Other:</p>		
<p>Appropriate Behavior to Meet Needs: <input type="checkbox"/> Gross/Fine Motor Skills <input type="checkbox"/> Adaptive/Daily Living Skills <input type="checkbox"/> Other:</p>		
MEASURABLE ANNUAL GOAL		
Goal #	Measurable Annual Goal	MoM
Obj. #	Short-Term Instructional Objectives/Benchmarks (STIO/Bs)	
1		
2		
3		
4		
5		
REPORT OF PROGRESS		
Methods of Measurement (MoM)	Progress on Annual Goal (PAG)	
<p>OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure WS = Work Samples D/P = Demonstration/Performance Other:</p>	<p>A. The student is making sufficient progress to meet the annual goal. B. The student is making insufficient progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.) C. The annual goal has been met or exceeded. D. This annual goal has not been introduced yet.</p>	
Date of Report	Current Level of Performance (CLP) for Report of Progress <i>Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method(s) of measurement (OBS, CRT, CBM, WS, D/P, etc.). Include performance on each unmastered objective in each report of progress.</i>	PAG
Notification of Progress Provided to Parents/Guardians		
P	Type	<input type="checkbox"/> Progress Notes <input type="checkbox"/> Report Cards <input type="checkbox"/> Goals Sheets <input type="checkbox"/> Other:
Q	Frequency	<input type="checkbox"/> Every 4½ Weeks <input type="checkbox"/> Every 6 Weeks <input type="checkbox"/> Every 9 Weeks <input type="checkbox"/> Other:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

SPECIAL CONSIDERATIONS*	
Communication (Required)	
Does the student have special communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assistive Technology (Required)	
Does the student need assistive technology services or devices to maintain or improve functional capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student need assistive technology assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Services for Students who are Blind or Visually Impaired <input type="checkbox"/> N/A	
<i>In the case of a student who is blind or visually impaired, provide for instruction in and the use of Braille unless the IEP Committee determines, after an evaluation of the student's reading and writing media, Braille instruction is not appropriate.</i>	
Instruction in Braille considered? <input type="checkbox"/> Yes <input type="checkbox"/> No Evaluation Date: <input style="width: 100px;" type="text"/>	
Instruction in Braille appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were the parents provided information regarding the Mississippi School for the Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Services for Students who are Deaf or Hearing Impaired <input type="checkbox"/> N/A	
<i>In the case of the student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication needs, academic level, and full range of needs, including direct instruction in the student's language and communication mode.</i>	
Student's language and communication mode: _____	
Is direct instruction in the student's language and communication mode needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were the parents provided information regarding the Mississippi School for the Deaf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavior Intervention <input type="checkbox"/> N/A	
<i>In the case of a student whose behavior impedes the student's learning or the learning of other students, consideration must be given to the use of positive behavior interventions, supports, and other strategies to address that behavior.</i>	
<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin-bottom: 5px;">V</div> 1. Has the IEP Committee developed goals and interventions to address specific behavior concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin-bottom: 5px;">X, AA, AD</div> 2. Has a Functional Behavioral Assessment (FBA) been conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Completed: _____	<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin-bottom: 5px;">W</div>
3. Has a Behavior Intervention Plan (BIP) based on a Functional Behavioral Assessment been developed? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Date developed: <input style="width: 100px;" type="text"/> Implementation Date: <input style="width: 100px;" type="text"/> Review / Revised Dates: _____	<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin-bottom: 5px;">AF</div>
<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px; margin: 0 auto 5px auto;">Z</div> **If a student has a BIP, he or she <u>must</u> have a corresponding annual goal(s) to address behavioral concerns.	
Services for Students with Limited English Proficiency <input type="checkbox"/> N/A	
<i>In the case of a student with limited English proficiency, consideration is given to the language needs of the student as such needs relate to the student's IEP.</i>	
What is the student's native language? _____	
Is the student receiving English Learner Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____	
If yes, date of the most recent Language Service Plan (updated annually): _____	
**The contents of the student's Language Service Plan should be considered when writing the PLAAFP.	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

S

INDIVIDUAL TRANSITION PLAN				
<i>Beginning at age 14, or younger if appropriate, a Transition Plan must be completed with consideration of the student's needs, preferences, and interests. This plan must be updated annually.</i>				
Postsecondary Goals				
<i>Specify appropriate measurable postsecondary goals as identified by the student, parent(s), and IEP Committee. Postsecondary goals are based upon age-appropriate transition assessments related to employment, education and/or training, and, where appropriate, independent living skills.</i>				Related IEP Goal(s) #
Education/Training (Required)				
Employment (Required)				
Independent Living (If Appropriate)				
Age-Appropriate Transition Assessments				
Transition Assessment <i>(including student and family survey or interview)</i>	Assessment Type	Responsible Agency/Person	Date Conducted	Report Attached
Education/Training (Required)				
Employment (Required)				
Independent Living (If Appropriate)				
Transition Services				
<i>Transition services may include instruction, related services, community experiences, development of employment and other post-school adult living objectives, and acquisition of daily living skills to be provided before graduation to support the student in achieving his or her postsecondary goals.</i>				
Instruction (e.g., accommodations, tutoring, skills training, prep for college exams)				
<i>List the activities the <u>school, student, parent(s), and any outside agency or agencies</u> will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.</i>				
Related Services (e.g., parent(s), technology, transportation, medical services, supported services)				
<i>List the activities the <u>school, student, parent(s), and any outside agency or agencies</u> will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.</i>				
Community Experiences (e.g., job shadowing, supported employment, banking, shopping, touring postsecondary institutions)				
<i>List the activities the <u>school, student, parent(s), and any outside agency or agencies</u> will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.</i>				

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

Development Of Employment Objectives and Functional Vocational Evaluation (e.g., career planning, guidance counseling, job and career interests, aptitudes and skills)

List the activities the school, student, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

Acquisition of Daily Living Skills and Other Post-School Adult Living Objectives (e.g., self-care, home repair, health and safety, money management, registering to vote, adult benefits planning, independent living).

List the activities the school, parent(s), and any outside agency or agencies will do to help the student reach the stated postsecondary goal(s). Specify any outside agency or agencies that will provide transition services.

Course of Study

Select the course of study that supports the Student's postsecondary goal(s).

Agriculture, Food and Natural Resources

Architecture and Construction

Arts, Media, and Communications

Business Management and Administration

Education and Training

Finance

Government and Public Administration

Health Science

Hospitality and Tourism

Human Services

Information Technology

Law, Public Safety, and Security

Manufacturing

Marketing

Science, Technology, Engineering and Mathematics

Transportation, Distribution, and Logistics

Other _____

Additional Options (SCD only) Supported Employment Daily Living Activities Customized Employment

Exit Options

Exit options must be reviewed with the parent and the student, as appropriate, before completing this section. Check the exit option determined appropriate for the student.

Traditional Diploma

Career and Technical Endorsement

Academic Endorsement Distinguished

Academic Endorsement

High School Equivalency (GED)

Alternate Diploma is an option ONLY available to students that meet the criteria for Significant Cognitive Disabilities.

Certificate of Completion

Mississippi Occupational Diploma (MOD) is an option ONLY available to students that entered ninth grade prior to the 2017-18 school year.

Student's Invitation to the IEP Committee Meeting

The student was invited to the IEP meeting. Yes No

Interagency Linkages (Participating Agencies)

List any agencies/person(s) (a) currently involved with the student or family, (b) able to provide needed information to the IEP Committee, and/or (c) likely to become involved in providing support or services after the student exits high school and transitions to the community, employment, and/or postsecondary education/training. **Written parental consent must be obtained before inviting any agencies/person(s) likely to be responsible for providing/paying for transition services.**

Education/Training:

Employment:

Independent Living:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

SIGNATURE PAGE FOR IEP

INITIAL OR ANNUAL SIGNATURES	
WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT	
My rights and those of my child, as outlined in the Procedural Safeguards Notice, have been fully explained to me. I understand that my child has a disability, and I know my child's eligibility category. I hereby give consent for my child to receive special education services as recorded on this Individualized Education Program (IEP).	
Parent/Guardian Signature: _____	Date: _____
PROCEDURAL SAFEGUARDS NOTICE	
I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.	
Parent/Guardian Signature: _____	Date: _____
ACKNOWLEDGEMENT OF STATE TESTING	
ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN THIRD GRADE MAAP ELA ASSESSMENT	
I understand that if my child does not meet the minimum cut score on the Mississippi Academic Assessment Program (English Language Arts) he or she will be required to participate in the Alternative Third Grade MAAP ELA Assessment.	
Parent/Guardian Signature: _____	Date: _____
ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS	
I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way, but only students who meet the graduation requirements under State Board Policy Chapter 36, Rules 36.4 and 36.5 will be eligible to receive a traditional high school diploma.	
Parent/Guardian Signature: _____	Date: _____

AG

AH



Refer to Special Education [Data Domain Mapping document](#)



for data element details, definitions, and field options.

Provide one record for EACH related service for a student.

Related Services Data tab must be saved as a separate CSV file and uploaded to MSIS.

File should be uploaded at the end of each month or when data elements are added or changed.

Column	Data Element Name	Additional Notes
A	School Year	Last year of the current School Year (Ex: 2024-2025 = 2025)
B	LEA Identification System	"SEA" for all records
C	LEA Identifier	4-digit district number. Include leading zeros. (Ex: 0123)
D	School Identification System	"SEA" for all records
E	School Identifier	4-digit district number and 3-digit school number separated by a hyphen. Include leading zeros. (Ex: 0123-045)
F	Student Identifier	MSIS ID
G	Related Service Type	Related Service Type. Includes ESY and Special Transportation needed. (See Special Education Data Domain Mapping document for available options.)
H	Related Service Duration	Related Service Duration
I	Related Service Frequency	Related Service Frequency
J	Frequency Length	Number of times per unit

 Element recorded on IEP. See the following pages that denote the corresponding IEP field.  Element not recorded on IEP

A

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

C

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

F

IEP Committee Meeting Date: ____ / ____ / ____ **Projected Annual Review Date:** ____ / ____ / ____

IEP Implementation Date: ____ / ____ / ____ **Projected End Date:** ____ / ____ / ____
(Projected date when services and programs will begin) *(Projected date when services and programs will end)*

Date of Birth: ____ / ____ / ____ **Age:** ____ **Primary Eligibility:** _____

Gender: Female Male **Ethnicity:** _____ **Secondary Eligibility:** _____

Grade: ____ **School:** _____ **Current Eligibility Date:** ____ / ____ / ____

Projected Re-evaluation Date: ____ / ____ / ____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

IEP COMMITTEE PARTICIPANTS *(Signatures are not required.)*

<input type="checkbox"/> Initial <i>(Written Parental Permission for Initial Placement must be signed before implementation.)</i>		<input type="checkbox"/> Annual	
Name	Position	Name	Position

Names and Positions of Excused IEP Committee Members *(Attach document to IEP)*

Name	Position	Name	Position

The IEP meeting was conducted via alternate means of technology: N/A **This IEP meeting was recorded:** Yes No
 Video Conferencing Conference Call Other: _____

EVALUATIONS

Check any evaluations or follow-ups needed to determine special education services and/or related service needs.

Functional Behavioral Assessment (FBA)
 Assistive Technology Assessment
 Occupational or Physical Therapy Evaluation
 List other evaluation(s)/follow-up(s) _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

SPECIAL EDUCATION AND RELATED SERVICES					
Special Education					
Service	Area	Location	Start Date	End Date	Duration/Frequency
Related Services					
Service	Area	Location	Start Date	End Date	Duration/Frequency
Program Modifications					
Service	Area	Start Date	End Date		
Instructional/Functional Accommodations					
Service	Area	Start Date	End Date		
Supports for Personnel					
Service	Area	Location	Start Date	End Date	
Area					
A. Reading	F. Science	K. Music	P. Title I	U. Other: _____	
B. Spelling	G. Health	L. Art	Q. Technology	V. Other: _____	
C. English	H. Lunch	M. Computer Science	R. CTE	W. Other: _____	
D. Math	I. PE	N. Extracurricular	S. Library	X. Other: _____	
E. Social Studies	J. Guidance/Counseling	O. Speech Language	T. EL Services	Y. Other: _____	

G

H, I, J

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

Special Transportation

Is special transportation needed in the selected LRE? Yes No

MSIS Classification for LRE

Time Student Receives Special Education Outside of the General Education Classroom

Preschool LRE Classification (Check one below for students ages 3-5)

- | | |
|---|---|
| <input type="checkbox"/> PC /Home | <input type="checkbox"/> PI /Regular program ten (10) or more hours per week and served in the regular program |
| <input type="checkbox"/> PE /Residential Facility | <input type="checkbox"/> PJ /Regular program ten (10) or more hours per week and served in another location |
| <input type="checkbox"/> PF /Separate School | <input type="checkbox"/> PK /Regular program less than ten (10) hours per week and served in the regular program |
| <input type="checkbox"/> PG /Separate Class | <input type="checkbox"/> PL /Regular program less than ten (10) hours per week and served in another location |
| <input type="checkbox"/> PH /Service Provider Location | |

School-age LRE Classification (Check one below for students ages 6-21)

- SA**/Inside general education class 80% or more of the day
- SB**/Inside general education class 40% to 79% of the day
- SC**/Inside general education class less than 40% of the day
- SD**/Separate School
- SF**/Residential Facility
- SH**/Home-Hospital
- SI**/Correctional Facilities
- SJ**/Parentally Placed in Private Schools

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: _____ **Public Agency/School District:** _____

Student's Name: _____ **MSIS:** _____

G

EXTENDED SCHOOL YEAR (ESY)							
<input type="checkbox"/> This student attends a twelve- (12) month program.							
Determination of ESY Decision					Determination Date: _____		
<p><i>All of the following criteria used in determining eligibility must be considered:</i></p> <p>Regression-Recoupment: Refers to a student's loss of skill(s) on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.</p> <p>Critical Point of Instruction 1: Refers to the need to maintain a student's critical skill to prevent a loss of general education class time or an increase in special education service time.</p> <p>Critical Point of Instruction 2: Refers to a point in the acquisition or maintenance of a critical skill during which a lengthy break in instruction would lead to a significant loss of progress.</p> <p>Extenuating Circumstances: Refers to special situations that jeopardize the student's receipt of a FAPE unless ESY services are provided.</p> <p><input type="checkbox"/> Consideration: The IEP Committee considered all criteria when determining the student's eligibility for receiving ESY services.</p> <p>NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the child needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.</p> <p><input type="checkbox"/> This student's situation MEETS criteria for ESY Services based on _____ <i>(Indicate criteria that qualified student)</i></p> <p><input type="checkbox"/> This student's situation MEETS criteria for ESY Services, but the parent/guardian does not accept the service.</p> <p><input type="checkbox"/> This student's situation DOES NOT MEET the criteria for ESY Services.</p>							
Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/Bs) <small>These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.</small>				TA	MOM	Report of Progress	
						CLP	PAG
TA = Transition Activity	Method of Measurement (MoM)				Report of Progress		
	OBS = Observation		WS = Work Samples		CLP = Current Level of Performance		
	CRT = Criterion Referenced Test		D/P = Demonstration/Performance		PAG = Progress on Annual Goal		
	CBM = Curriculum-Based Measure		Other: _____		See Annual Goal page for codes		
A Progress Report will be given to parents every _____ week(s) or at the end of the student's ESY services on _____					Date(s) progress report given to parent _____		
Types of Service	# of Weeks	Duration/ Frequency	Area <small>(See Special Education and Related Services page for code)</small>	Location	Start Date	End Date	
Educational Services							
Related Services**							
Transportation							
Other: _____							
Other: _____							
** Any related services provided (except transportation) must have a corresponding measurable annual goal or STIO/Bs.							



Refer to Special Education [Data Domain Mapping document](#) for data element details, definitions, and field options.

Provide one record for EACH accommodation for a student.

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C	LEA Identifier	4-digit district number. Include leading zeros. (Ex: 0123)
D	School Identification System	"SEA" for all records
E	School Identifier	4-digit district number and 3-digit school number separated by a hyphen. Include leading zeros. (Ex: 0123-045)
F	Student Identifier	MSIS ID
G	Assessment Title	State Assessment Title
H	Accommodation Code	State Accommodation Code

● Element recorded on IEP. See the following pages that denote the corresponding IEP field. ○ Element not recorded on IEP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student's Name: _____ **MSIS:** _____

IEP Committee Meeting Date: ____/____/____ **Projected Annual Review Date:** ____/____/____

IEP Implementation Date: ____/____/____ **Projected End Date:** ____/____/____
(Projected date when services and programs will begin) *(Projected date when services and programs will end)*

Date of Birth: ____/____/____ **Age:** ____ **Primary Eligibility:** _____

Gender: Female Male **Ethnicity:** _____ **Secondary Eligibility:** _____

Grade: ____ **School:** _____ **Current Eligibility Date:** ____/____/____

Projected Re-evaluation Date: ____/____/____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

IEP COMMITTEE PARTICIPANTS *(Signatures are not required.)*

Initial <i>(Written Parental Permission for Initial Placement must be signed before implementation.)</i>		Annual	
Name	Position	Name	Position

Names and Positions of Excused IEP Committee Members *(Attach document to IEP)*

Name	Position	Name	Position

The IEP meeting was conducted via alternate means of technology: N/A **This IEP meeting was recorded:** Yes No
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 List other evaluation(s)/follow-up(s) _____

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PARTICIPATION IN STATEWIDE ASSESSMENT PROGRAM

STATE- OR DISTRICTWIDE ASSESSMENTS FOR STUDENTS WITHOUT A SIGNIFICANT COGNITIVE DISABILITY

Indicate any assessments the student will complete during the current year, specifying the edition, if applicable.
NOTE: The IEP Committee may not remove the requirement for English Learners to be assessed in all four domains of the ELPT, if the student is unable to participate in fewer than four. The ELPT score will be based on the remaining domains in which it is possible to assess the student.*

	Grade Level												
	PK	K-2	3	4	5	6	7	8	9	10	11	12	
MKAS2/ Kindergarten Readiness Assessment													
Third Grade MAAP ELA Assessment													
MAAP (English Language Arts/Literacy)													
MAAP (Mathematics)													
MAAP (Science)													
MAAP-EOC (Algebra I)													
MAAP-EOC (Biology I)													
MAAP-EOC (English II)													
MAAP-EOC (U.S. History)													
MS-CPAS2													
ACT (American College Test)													
English Language Proficiency Test (ELPT)*													
Other: _____													

STATE- OR DISTRICTWIDE TEST ACCESSIBILITY / ACCOMMODATIONS

Refer to the current Mississippi Testing Accommodations Manual, and/or American College Test (ACT) Accommodations for Students with Disabilities for information regarding testing accommodations. All accommodations used for statewide testing must also be used during the student's classroom instruction and assessments.

Presentation Accommodations	Code	Test(s)
Response Accommodations	Code	Test(s)
Timing and Scheduling Accommodations	Code	Test(s)
Setting Accommodations	Code	Test(s)

H

G

Test		
A. MKAS2/Kindergarten Readiness	F. MAAP-A (ELA)	M. MAAP-EOC (US History)
B. Third Grade MAAP ELA Assessment	G. MAAP-A (Math)	N. ACT
C. MAAP (ELA)	H. MAAP-A (Science)	O. MS-CPAS2
D. MAAP (Math)	I. ELPT	P. Other:
E. MAAP (Science)	J. MAAP-EOC (Algebra I)	Q. Other:
	K. MAAP-EOC (Biology I)	R. Other:
	L. MAAP-EOC (English II)	