This guide provides step-by-step instructions for completing the Services section of the IEP in the SC Enrich IEP system.

The three types of services that may be considered when developing an IEP are Special Education Services, Related Services, and Supplementary Services. Here are instructions for each of these service types:

Special Education Services

From the drop down menu select Special Education/Specially Designed Instruction.

Special Education/Special	ly Designed Instruction		~	Up 🚺	Down 🕐	Delete 🛞
Related Services Supplementary Aids and S	Services		~			
Schedule:	Location:	· · · · · · · · · · · · · · · · · · ·		~		
	Start: 5/22/2014	4 📑 End: 4	5/21/2015	••		
	Amount:	~				

Select the category from the drop down menu.

Special Education/: V		Up 🚺 Down 🕘 Delete 🔅
Service Provider Role	Behavior (Specialized Instruction) ELA Life Skills Math	2
Schedule:	Organization/Study Skills Physical Education Reading Speech and Language (Specialized Instruction) Transition Writing	5

Once you select the category, select the role of the service provider from the drop down menu.

Special Education/: V Math	1 v	Up 🚺 Down 🕚 Delete 🕄
Service Provider Role	Adapted Diversal Education Specialist	
Direct/Indirect	Assistive Technology Specialist Audiologist Behavior Specialist	Carronian and a community
Setting	Counselor Interpreter	room
Schedule:	Not specified Occupational Therapist Orientation and Mobility Specialist Paraprofessional Physical Therapist School Nurse School Nurse	

Additional boxes for direct/indirect and setting may appear below the service provider that will assist in calculating the LRE percentage. Select direct or indirect as appropriate for each service and designate whether the service will be provided inside or outside of the general education setting.

Complete the schedule section by providing service location, service start and end dates, and time and frequency. The amount of time will calculate automatically depending on your choices. If you need to add another service click +ADD SERVICE and repeat the previous steps. For most services, the amount of time should be entered as minutes or hours. The "times" option should only be used for transportation and/or nursing services. If a service will be provided both inside and outside of the general education classroom, the service will need to be entered as separate entries, splitting the time.

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Special Education/{ 🗸 🛛 Mar	th 🗸 Up 🕢 Down 🕐 Delete 🕄
Service Provider Role	Special Education Teacher
Direct/Indirect	Direct Indirect
Setting	🔿 Inside 🖲 Outside General Education Classroom
Schedule:	Location: Special Education Support Room Start: 5/22/2014 End: 5/21/2015 Amount: 30 minutes Average min/wk: 150

Complete this box if you have any other additional information to include regarding Special Education Services/Specially Designed Instruction.

Describe any specific directions, considerations, or delivery methods for special education, related services, and supplementary aids and services



Related Services

From the drop down menu select Related Services

ervices					🕜 He
Special Education/Specially	Designed Instruction	~	Up 🚺	Down 🕚	Delete 🚷
Related Services Supplementary Aids and Services	vices (Crises Amplied)	~			
Schedule:	Location:	• • End: 5/21/2015	✓]	
	Amount:				
al average min/wk as of 5/22	2014 for selected	services: 0.00			

Select the category from the drop down menu.

ervices		Help
Related Services V		Up 🚺 Down 🚺 Dolete 🕅
Service Provider Role	Assistive Technology Services Audiological Services Behavior Community Support Services	1
Schedule:	Counseling Services Interpreter Services Nursing Services Occupational Therapy Services Orientation and Mobility Services Physical Therapy Services Psychological Services Recreation Services	5
tal average min/wk as of 5/	Rehabilitation Counseling Services Social Work Services Speech and Language Services Transportation Vision Services	

Once you select the service category, select the role of the service provider from the drop down menu.

Services				? Help
Related Services V Occupati	onal Therapy Services 💊	Up 🕜	Down 🕚	Delete 🛞
Service Provider Role	Adapted Physical Education Specialist			
Direct/Indirect	Assistive Technology Specialist Audiologist Behavior Specialist			
Setting	Counselor Interpreter	room		
Schedule:	Occupational Therapist Orientation and Mobility Specialist Paraprofessional Physical Therapist School Nurse School Psychologist		~	
tal average min/wk as of 5/29/2014	Social Worker Special Education Teacher Speech-Language Pathologist			

Additional boxes for direct/indirect and setting may appear below the service provider that will assist in calculating the LRE percentage. Select direct or indirect as appropriate for each service and designate whether the service will be provided inside or outside of the general education setting.

Complete the schedule section by providing service location, service start and end dates, and time and frequency. The amount of time will calculate automatically depending on your choices. If you need to add another service click +ADD SERVICE and repeat the previous steps. For most services, the amount of time should be entered as minutes or hours. The "times" option should only be used for transportation and/or nursing services. If a service will be provided both inside and outside of the general education classroom, the service will need to be entered as separate entries, splitting the time.

SC Enrich IEP Quick Reference Guide for Services

Related Services V Occ	cupational Therapy Services V Up 6 Down 6 Delete 🕅			
Service Provider Role	Occupational Therapist			
Direct/Indirect	Direct Indirect			
Setting	O Inside Outside General Education Classroom			
Schedule:	Location: Occupational Therapy Room (Individual) Start: 5/29/2014 End: 5/28/2015 Amount: 60 minutes monthly Average min/wk: 13.8			

Complete this box if you have any other additional information to include regarding Related Services.

Describe any specific directions, considerations, or delivery methods for special education, related services, and supplementary aids and services



Supplementary Aids and Services

From the drop down menu select Supplementary Aids and Services

ecial Education/Spe	ally Designed Instruction	~	Up O	Down 💽	Delete 🛞
lated Services					
pplementary Aids an	d Services	~			
Schedule:	Location:			~	
	Locator.				
	Start: 5/29/2014	End: 5/28/2015	H		
	Anna and an and an				
	Amount: 🗸 🗸				

Once you select the service category, select the role of the service provider from the drop down menu.

ervices					1 Hel
Supplementary Aid: V	Additional Educational Assistance	~	Up O	Down	Oelete 😰
Service Provider Role	Adapted Physical Education Specialist	- 10			
Setting	Assistive Technology Specialist Audiologist Behavior Specialist	irod	m		
Schedule:	Bus/Vehicle Operator Counselor Interpreter Not specified Occupational Therapist Orientation and Mobility Specialist Paraprofessional Physical Therapist			~	
al average min/wk as of 5/2	School Nurse School Psychologist Social Worker Special Education Teacher Special Education Teacher Speech-Language Pathologist				

Additional boxes for direct/indirect and setting may appear below the service provider that will assist in calculating the LRE percentage. Select direct or indirect as appropriate for each service and designate whether the service will be provided inside or outside of the general education setting.

Complete the schedule section by providing service location, service start and end dates, and time and frequency. For supplemental services, the amount of time should be entered as minutes or hours. The amount of time will calculate automatically depending on your choices. If you need to add another service click +ADD SERVICE and repeat the previous steps.

If a service will be provided both inside and outside of the general education classroom, the service will need to be entered as separate entries, splitting the time. The amount of time will calculate automatically depending on your choices. If you need to add another service click +ADD SERVICE and repeat the previous steps. (Additional Educational Assistance replaces the terms "shadow" and "one on one aide".)

ervices				Help
Supplementary Aid: V	Additional Educational Assistance	Up O	Down 🕚	Delete 🕄
Service Provider Role	Paraprofessional V			
Setting	O Inside Outside General Education Class	noom		
Schedule:	Location: General Education Classroom Start: 5/29/2014 End: 5/28/2015 Amount: 60 minutes V daily V Average min/wk: 300		~	

Total average min/wk as of 5/29/2014 for selected services: 300.00

Complete this box if you have any other additional information to include regarding Supplementary Aids and Services.

Describe any specific directions, considerations, or delivery methods for special education, related services, and supplementary aids and services

