

# K12 Processes

2024 DocuNav User Group

Kimberly Ball - [kball@littleelmsd.net](mailto:kball@littleelmsd.net)

Little Elm ISD

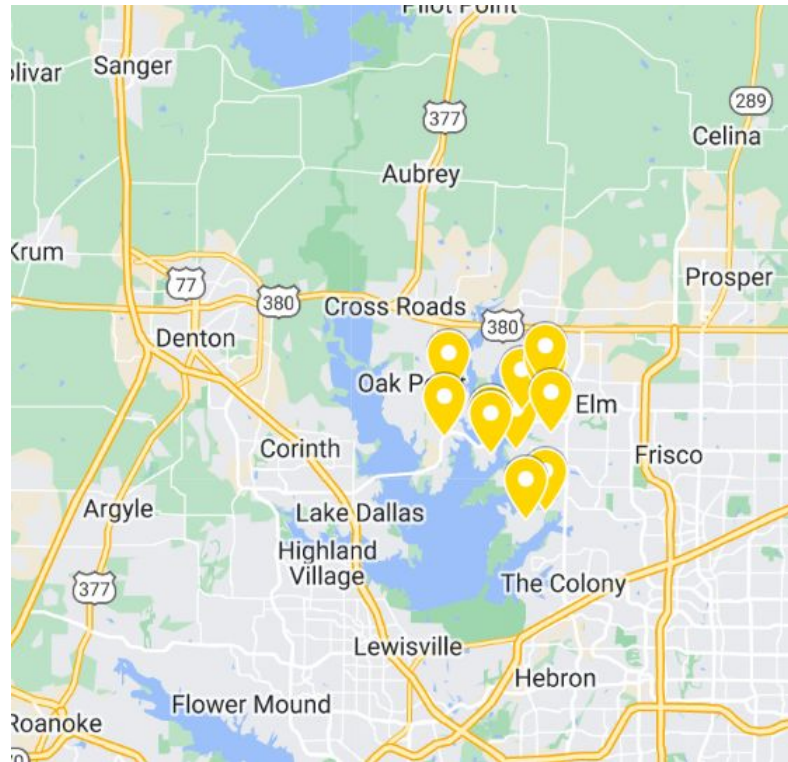




# Little Elm ISD

- 8000+ students
  - 1,100+ employees
  - 10 campuses
- 

- LF implemented 2020
- 121 active forms
- 59,513 submissions from 7-1-24 to 11-1-24



# Setup

Enter a student's ID number

Student name, grade and schedule auto populate via lookup rules.

Javascript loop cycles through the checkboxes when Check All or Clear All is clicked.

Add additional teachers or staff if necessary.



## Teacher Notification

Little Elm ISD • www.littleelmsd.net • 400 Lobo Lane • Little Elm, TX 75068 • 972-947-9340

|                                       |                                   |                                     |                                 |
|---------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|
| <b>Student ID*</b>                    | <b>Last Name*</b>                 | <b>First Name*</b>                  | <b>Grade*</b>                   |
| <input type="text" value="20082000"/> | <input type="text" value="Ball"/> | <input type="text" value="Oliver"/> | <input type="text" value="06"/> |

### Student's scheduled teachers

| Period | Course                    | Name               | Contact                      |
|--------|---------------------------|--------------------|------------------------------|
| 01     | Math 6 Accelerated        | Vincent Brown      | <input type="checkbox"/> Yes |
| 02     | Pre-Athletics 6 Boys YEAR | Jason Hansen       | <input type="checkbox"/> Yes |
| 03     | Internet Literacy         | Kyle Hoyle         | <input type="checkbox"/> Yes |
| 04     | English 6                 | Madeline Haynes    | <input type="checkbox"/> Yes |
| 06     | Science 6                 | Stephanie Westall  | <input type="checkbox"/> Yes |
| 07     | Beginning Saxophone       | Steven Olmstead    | <input type="checkbox"/> Yes |
| 08     | World Cultures 6          | Bailey Haeussler   | <input type="checkbox"/> Yes |
| 13     | Lobo Time                 | Nathaniel Scoggins | <input type="checkbox"/> Yes |

### Additional Teachers

Do other teachers need to be contacted?\*

☒ Yes ☐ No

| Name*                          | Job Title            |
|--------------------------------|----------------------|
| <input type="text" value="1"/> | <input type="text"/> |

[Add another teacher](#)

## Documentation to be shared:

### Distribution Reason\*

- ☐ New ARD ☐ New Teacher ☐ Beginning of school year
- ☐ Schedule Change ☐ Summer School ☐ New 504
- ☐ Other

### Document Type\*

### Upload Documentation\*

Please verify the correct file was uploaded.

Upload

## Special Education Representative:

### Name\*

Kimberly Ball

### Job Title\*

Student Information Services Training & Support

### Date\*

Date will be captured on form submission

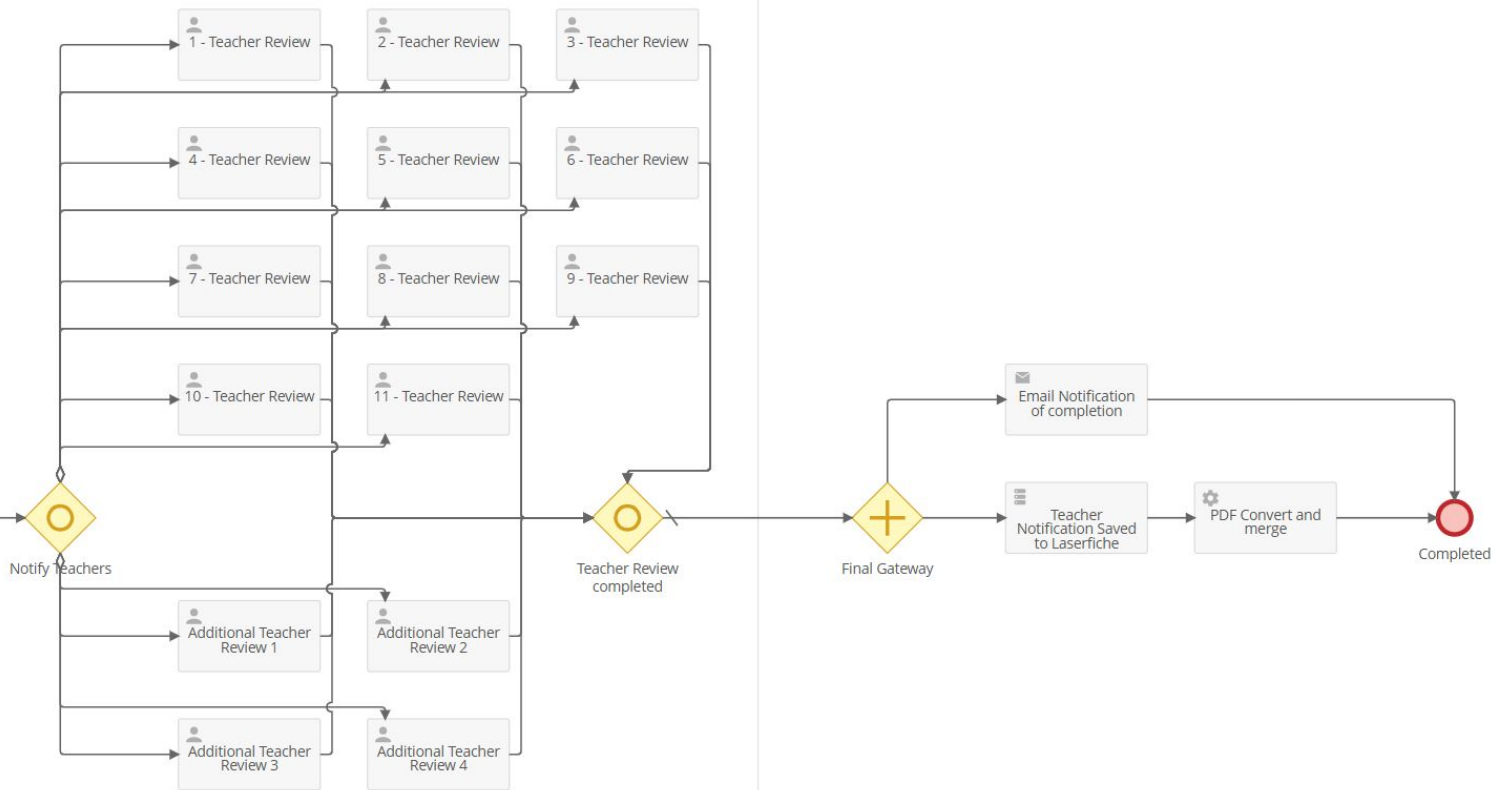
# Document Information

- Distribution reason is documented.
- Select document type. This determines the metadata when saving to the repository.
- Upload the documentation to be reviewed by teachers.
- Submitter info is collected on all forms for routing.

Overdue task notification is active for this process



Form Submitted



# Teacher Review

Uploaded documents are displayed as an X-Large thumbnail and set to read only.

Teachers will

- review documentation
- print for sub folders if needed
- Acknowledge receipt and review



## Teacher Notification

Little Elm ISD • www.littleelmsd.net • 400 Lobo Lane • Little Elm, TX 75068 • 972-947-9340

In order to implement the Individualized Education Program (IEP) for the student named below, the district is required to share these instructional accommodations and/or modifications with you. These accommodations and modifications, as adopted by the ARD Committee, are part of a legal contractual document and must be implemented. Each teacher is responsible for ensuring the fidelity of implementation of all accommodations, modifications and components of the BIP (when applicable) as outlined in the IEP.

|              |             |              |            |
|--------------|-------------|--------------|------------|
| Student ID * | Last Name * | First Name * | Grade *    |
| [Redacted]   | [Redacted]  | [Redacted]   | [Redacted] |

**Distribution Reason \***

|                                                                |                                        |                                                   |
|----------------------------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> New ARD                               | <input type="checkbox"/> New Teacher   | <input type="checkbox"/> Beginning of school year |
| <input type="checkbox"/> Schedule Change                       | <input type="checkbox"/> Summer School | <input type="checkbox"/> New 504                  |
| <input checked="" type="checkbox"/> Other Annual ARD on 4/1/24 |                                        |                                                   |

TeacherBundle - 2024-04-04T161936.451.pdf 161.89KB

The uploaded documents are shown here.

I acknowledge that I have received the instructional accommodations/modifications adopted by the attached ARD.

I also Acknowledge that:

1. These accommodations/modifications were explained to me and information regarding implementation was included.
2. I understand that I must maintain documentation of the implementation of the accommodations/modifications (lesson plans, work samples with added accommodation labels, etc.).

I can contact the student's case manager, Rose Bueno (Teacher), if I need further clarification or if I have any questions relating to this child's disability or education program.

I, Latrice Garner, agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

Electronic Signature Acknowledgment:

|                   |             |             |           |
|-------------------|-------------|-------------|-----------|
| Acknowledgement * | Full Name * | Job Title * | Date *    |
| I agree           | [Redacted]  | Teacher     | 4/11/2024 |

The teacher acknowledges and agrees. The user and date are saved on submission.

# Save to LF

A condensed form is saved to the repository.

The upload file is saved, converted if needed and merged to the LF form.



## Teacher Notification

Little Elm ISD • www.littleelmisd.net • 400 Lobo Lane • Little Elm, TX 75068 • 972-947-9340

Student ID \*

20095442

Last Name \*

[REDACTED]

First Name \*

[REDACTED]

Grade \*

[REDACTED]

### Student Schedule

| Period | Course                      | Name           | Contact                      |
|--------|-----------------------------|----------------|------------------------------|
| 01     | Geometry                    | Heather Owens  | <input type="checkbox"/> Yes |
| 02     | World History               | Aaron Ziehm    | <input type="checkbox"/> Yes |
| 03     | Adventure/Outdoor Education | Bryson Carroll | <input type="checkbox"/> Yes |
| 04     | English II                  | Amy Stover     | <input type="checkbox"/> Yes |

### Additional Teachers for review

| Name | Job Title |
|------|-----------|
|------|-----------|

### Reviewed Status:

I acknowledge that I have received the instructional accommodations/modifications adopted by the attached ARD.

I also Acknowledge that:

1. These accommodations/modifications were explained to me and information regarding implementation was included.
2. I understand that I must maintain documentation of the implementation of the accommodations/modifications (lesson plans, work samples with added accommodation labels, etc.).

I can contact the student's case manager, Nicole Wallace (504 Facilitator), if I need further clarification or if I have any questions relating to this child's disability or education program.

I, [Reviewer Name], agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

| Date       | Name            | Job Title | Acknowledgement |
|------------|-----------------|-----------|-----------------|
| 11/7/2024  | Stover, Amy     | Teacher   | I agree         |
| 11/7/2024  | Ziehm, Aaron    | Teacher   | I agree         |
| 11/12/2024 | Carroll, Bryson | Teacher   | I agree         |
| 11/12/2024 | Owens, Heather  | Teacher   | I agree         |

### Provided Documentation

Jada M Marceau 2024-2025 504  
Plan.pdf 201.19KB

### Special Education Representative:

Name \*

Nicole Wallace

Job Title \*

504 Facilitator

Overdue task notification is active for this process

