



**COMPREHENSIVE COORDINATED EARLY INTERVENING SERVICES (CCEIS) PLAN**

LOCAL EDUCATION AGENCY (LEA) NAME	COUNTY-DISTRICT CODE
LEA PROGRAM CONTACT NAME	LEA PROGRAM CONTACT TITLE

**INSTRUCTIONS**

Complete this form to develop the *LEA's Comprehensive Coordinated Early Intervening Services (CCEIS) Plan*.  
 Email completed form to Special Education Effective Practices at [seep@dese.mo.gov](mailto:seep@dese.mo.gov)  
 Questions? Contact Special Education Effective Practices at 573-751-0187 or [seep@dese.mo.gov](mailto:seep@dese.mo.gov)

**A. Indicate the buildings and grade levels that will participate in CCEIS activities.**

LEA Response

**B. Describe each activity. Indicate the topic, goal, and activity number associated with the information entered in the *LEA Self-Assessment in IMACS*.**

Goal and Activity Number	Description of Activity

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**C. Complete the CCEIS Budget Allocation.**

<b>CCEIS Budget Allocation</b>								
<b>Goal and Activity Number</b>	<i>Allocation of Funds – Indicate Total Allocated for each Object Code</i>							
	<b>Certificated Salaries (6100)</b>	<b>Non-Certificated Salaries (6150)</b>	<b>Employee Benefits (6200)</b>	<b>Purchased Services (6300)</b>	<b>Materials And Supplies (6400)</b>	<b>Capital Outlay (6500)</b>	<b>Other (6600)</b>	<b>Total</b>
<b>TOTALS</b>								