

Welcome



This Training is being Recorded.

***Please feel free to ask questions as they come up,
but we will have several Chat Box Check-Ins
throughout the training.***

Eligibility Forms

**Maine DOE
Office of Special Services and Inclusive Education
Supervision, Monitoring, and Support Team**

Updated 1/12/2024

Meet The Team



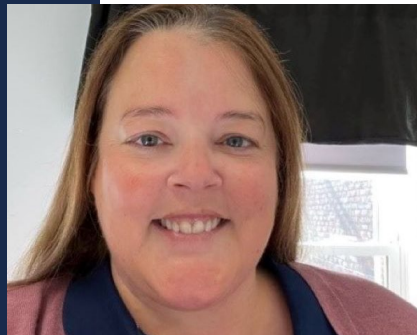
Colette Sullivan
Federal Programs Coordinator
colette.sullivan@maine.gov



Jennifer Gleason
Educational Specialist
jennifer.gleason@maine.gov



Karlie Thibodeau
Educational Specialist
karlie.l.thibodeau@maine.gov



Ashley Satre
Educational Specialist
ashley.satre@maine.gov



Julie Pelletier
Secretary Associate
julie.pelletier@maine.gov

Agenda

1. Introductions
2. Overview of Eligibility Forms
3. Eligibility Form Compliance



What is the Purpose of an IEP?

The Individuals with Disabilities Education Act (IDEA) says the purpose of an ***Individualized*** Education Program (IEP) is “to ensure that all children with disabilities have available to them a ***free appropriate public education*** (FAPE) that emphasizes ***special education*** and related services designed to meet their ***unique needs*** and ***prepare them*** for further education, employment and independent living”, *and to promote movement back to general education.*

Section 2: Disability

2. DISABILITY

| | | |
|---|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Developmental Delay (3-5) | <input type="checkbox"/> Developmental Delay (Kindergarten) | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Impairment (including Blindness) |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Multiple Disability <i>(check all applicable concomitant disabilities)</i> |

Section 2: Disability

2. DISABILITY

| | | |
|---|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Developmental Delay (3-5) | <input type="checkbox"/> Developmental Delay (Kindergarten) | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Impairment (including Blindness) |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Multiple Disability <i>(check all applicable concomitant disabilities)</i> |

MUSER – Maine Unified Special Education Regulations

MUSER VII.2.A-M outlines all Disability Categories, including the Definition and the Procedure for Determination.

Section 2: Disability

A child with a Disability is an Individual Who –

- Has reached the age of 3 years;
- Has neither graduated from a secondary school program with a regular HS diploma nor reached 22 years of age;
- Has been observed in the learning environment/classroom setting; and
- Has been evaluated according to these rules and has been determined to have a disability which requires the provision of special education and supportive services.
- A child with a disability shall have one or more of the disabilities listed in MUSER VII.2.A-M

An [Administrative Letter](#) was issued January 21, 2021, outlining the change in Ending Age for Special Education eligibility.

[LD 98 / Chapter 450](#) codified the change in Ending Age for Special Education eligibility effective October 25, 2023.

Section 2: Disability

1. Document the disability based on the initial or reevaluation eligibility decision (identifies areas of need)

2. Eligibility requires the use of at least one of these forms:
 - a. Form for Determination of Adverse Effect on Educational Performance
 - b. Specific Learning Disability Eligibility Form
 - c. Speech or Language Impairment Eligibility Form

Section 2: Disability

Procedure for Determination of Adverse Effect on Educational Performance –

This procedure applies only to the following disability eligibility categories:

Autism, Deafness, Developmental Delay, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Orthopedic Impairment, Other Health Impairment, Speech or Language Impairment, Traumatic Brain Injury and Visual Impairment including Blindness.

This section does not apply to the following disabilities where the demonstration of adverse effect is not required as a condition for special education eligibility:

Deaf-Blindness, Multiple Disabilities and Specific Learning Disability.

MUSER – Maine Unified Special Education Regulations

MUSER II.3

Adverse effect/Adversely affects. The word “adverse” commonly means “harmful, impeding, obstructing, or detrimental.” To “adversely affect” means to have a negative impact that is more than a minor or transient hindrance, evidenced by findings and observations based on data sources and objective assessments with replicable results.

Procedural Manual – Eligibility Forms

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Adverse Effect on Educational Performance



Form for the Determination of Adverse Effect on Educational Performance

Maine Unified Special Education Regulations (MUSER VII.3)

| | | | | |
|----------------------------------|--|--------|------------------|--|
| Date of Meeting: | | | SAU: | |
| Child's Name: | | | School: | |
| Date of Birth: | | Grade: | School Phone: | |
| Parent/Guardian Name: | | | School Address: | |
| Parent/Guardian Address: | | | City, State Zip: | |
| Parent/Guardian City, State Zip: | | | School Contact: | |

One of these must be checked

Reason for use of form: Initial Eligibility Continuing Eligibility/Dismissal

Document reason for use of form

This form is to be used to consider eligibility for all disability categories except Specific Learning Disability, Speech or Language Impairment, and Deaf-Blindness.

Adverse Effect on Educational Performance

Directions:

- The use of the form is limited to:
 - Determination of eligibility for special education services.
 - Consideration of a change in eligibility for special education services.
 - Dismissal from special education services.

- **The procedure for determination of adverse effect applies only to the following eligibility categories:** Autism, Deafness, Developmental Delay, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Orthopedic Impairment, Other Health Impairment, Traumatic Brain Injury, and Visual Impairment including Blindness.

- Pg. 6 Procedural Manual

Adverse Effect on Educational Performance

Adverse effect/Adversely affects definition (MUSER II.3)

The word “adverse” commonly means “harmful, impeding, obstructing, or detrimental.” To “adversely affect” means to have a negative impact that is more than a minor or transient hindrance, evidenced by findings and observations based on data sources and objective assessments with replicable results. An adverse effect on educational performance does not include a developmentally appropriate characteristic of age/grade peers in the general population.

- Document conversation/completion of form in Written Notice**



Written Notice

5. Describe any other factors that are relevant to the SAU's proposed or refused action(s) described above:

The IEP Team completed the Adverse Effect Form and determined that Page Turner qualifies for special education services.

Adverse Effect on Educational Performance

I.A. The IEP Team has reviewed the following assessment(s) or data source(s) to determine adverse effect resulting from the child's disability [check one of the boxes in each category and provide verification by describing the data that supports the determination as to whether or not adverse effect is demonstrated]:

* N/A=not available

Entire Form

- Must fill; no blank boxes/areas**
- Check the correct box (Yes, No or N/A)**

All Verification

- Must include data source (evaluation/assessment) and data (scores)**
- Needed if question is checked Yes or No**

The IEP Team's determination of adverse effect is based upon the results of assessments and/or data sources determined by the Team to be necessary to verify the effect of the disability on educational performance. In most situations, the Team will consider multiple assessments and/or data sources for determination of adverse effect.

Adverse Effect on Educational Performance

| | | | |
|--|--|---------------------------------------|---|
| <p>1. Do standard or percentile scores on <u>nationally-normed</u>, individually- administered achievement test(s), or for children ages 3 to 5, appropriate multi-domain nationally-normed test(s) or rating scale(s), demonstrate adverse effect?</p> <p>Verification:</p> <p>Examples of data sources:</p> <p><u>3-5 yo:</u> WPPSI, ADOS</p> <p><u>K-12:</u> WJ, WIAT, OWLS, GORT, Test of Word Reading Efficiency</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A* <input type="checkbox"/> |
|--|--|---------------------------------------|---|

Adverse Effect on Educational Performance

| | Yes | No | N/A* |
|---|--------------------------|--------------------------|--------------------------|
| 2. Do standard or percentile scores on <u>nationally-normed</u> , group-administered achievement test(s), including nationally-normed, curriculum-based measures, demonstrate adverse effect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: Examples of data sources: NWEA, PSAT, SAT | | | |

Adverse Effect on Educational Performance

| | Yes | No | N/A* |
|---|--------------------------|--------------------------|--------------------------|
| 3. Do any reports prepared by the SAU or presented by the parent/guardian that reflect academic or functional performance document adverse effect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: | | | |
| Examples of data sources: | | | |
| <u>3-5 yo:</u> ABAS, CDS Eligibility Observation Summary | | | |
| <u>K-12:</u> Vinland scores, ABAS scores, academic grades, reports by parents or outside providers, reports of whether the child meets standards in standards-based system | | | |

Adverse Effect on Educational Performance

| | Yes | No | N/A* |
|--|--------------------------|--------------------------|--------------------------|
| 4. Does the child's performance on comprehensive assessments based on a system of learning results, or the Common Core as of 2014, or measurements of indicators within the Early Childhood Learning Guidelines, demonstrate adverse effect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: Examples of data sources: <u>3-5 yo:</u> AEPS, <u>HighScope Child Observation Record</u> <u>K-12:</u> Maine Through Year Assessment, NWEAs, writing prompts, curriculum-based measures (DRA, DIBELS, Everyday Math, <u>AIMSweb</u>, curriculum unit tests) | | | |

Adverse Effect on Educational Performance

| | | | |
|---|--|---------------------------------------|---|
| <p>5. Do criterion-referenced assessments of academic or functional performance demonstrate adverse effect?</p> <p>Verification:</p> <p>Examples of data sources: VB-MAPP, ABLLS, Brigance Inventory of Early Development, School Function Assessment, NWEAs, Maine Through Year Assessment, classroom test scores</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A* <input type="checkbox"/> |
|---|--|---------------------------------------|---|

Adverse Effect on Educational Performance

| | Yes | No | N/A* |
|--|--------------------------|--------------------------|--------------------------|
| 6. Do child work products, language samples, or portfolios demonstrate adverse effect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: Examples of data sources: Writing prompts, handwriting samples, portfolios of work, classroom work samples | | | |

Adverse Effect on Educational Performance

| | Yes | No | N/A* |
|--|--------------------------|--------------------------|--------------------------|
| 7. Does disciplinary evidence, or rating scales based on systemic observations in more than one setting (whenever possible) by professionals or parents/guardians, demonstrate adverse effect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: Examples of data sources: Disciplinary reports/office referrals, FBA, BASC Rating Scales, BRIEF, behavior data sheets/logs, classroom observation(s) | | | |

Adverse Effect on Educational Performance

| | Yes | No | N/A* |
|---|--------------------------|--------------------------|--------------------------|
| <p>8. Do the child's attendance patterns demonstrate adverse effect?</p> <p>Verification:</p> <p>Examples of data sources: Attendance records (school, program and/or class)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Adverse Effect on Educational Performance

| | | | |
|--|--|---------------------------------------|---|
| <p>9. Do the child's social or emotional deficits (if any), as observed by professionals or parents/guardians in multiple settings (whenever possible), on clinical rating scales or in clinical interviews, demonstrate adverse effect?</p> <p>Verification:</p> <p>Examples of data sources: BASC, BRIEF, Achenbach, Connors Rating Scales, Multidimensional Anxiety Scale for Children, Piers-Harris Self-Concept Scale, Autism Rating Scales, observation</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A* <input type="checkbox"/> |
|--|--|---------------------------------------|---|

Adverse Effect on Educational Performance

| | Yes | No | N/A* |
|--|--------------------------|--------------------------|--------------------------|
| 10. Other (add any other data sources) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: | | | |

Adverse Effect on Educational Performance

1.B. Was only one assessment/data source considered?

| | |
|---------------------------------|--------------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---------------------------------|--------------------------------|

Check the correct box (Yes, No)

If the answer to the question is "Yes", state the IEP Team's rationale for the determination that the single assessment/data source is adequate for the determination of adverse effect on educational performance:

If "Yes", explain why that was adequate

Adverse Effect on Educational Performance

II. Has the IEP Team determined that there is an adverse effect on educational performance resulting from the child's disability?

| | |
|--|---------------------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|---------------------------------------|

- Check the correct box (Yes, No)**
- If the answer to this question is “Yes”, proceed to section III**
- If the answer to this question is “No”, the child does not qualify as a child with a disability under Maine Unified Special Education Regulations (MUSER) and is not entitled to an Individualized Education Program**

Adverse Effect on Educational Performance

- Only complete Section 3 if the answer to Section 2 is “yes”.



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Adverse Effect on Educational Performance

III. The adverse effect that results from the child's disability is, (check one)

- of such a degree or kind that the child requires special education in order to benefit from his/her education program.
- correctible through accommodations in the child's regular education program.

Check the correct box

Summarize the basis for the determination as to whether the child requires special education in order to benefit from his/her education program **OR** the adverse effect is correctible through accommodations in the child's regular education program.

Must include a summary

If the first box was checked, the child qualifies as a child with a disability under the Maine Unified Special Education Regulations and is entitled to an Individualized Education Program. If the second box was checked, the child does not qualify as a child with a disability under Maine Unified Special Education Regulations and is not entitled to an Individualized Education Program.





What's wrong?



Form for the Determination of Adverse Effect on Educational Performance

Maine Unified Special Education Regulations (MUSER VII.3)

| | | | |
|----------------------------------|-------------------|------------------|-------------------|
| Date of Meeting: | 12/15/2023 | SAU: | RSU 900 |
| Child's Name: | Page Turner | School: | Public School |
| Date of Birth: | 6/30/2008 | Grade: | 10 |
| Parent/Guardian Name: | Rita Book | School Phone: | 207-555-5555 |
| Parent/Guardian Address: | 1 Library Ln | School Address: | 1 Mathematics Dr. |
| Parent/Guardian City, State Zip: | Nowhere, ME 44444 | City, State Zip: | Nowhere, ME 44444 |
| | | School Contact: | Jane Doe |

Reason for use of form: Initial Eligibility Continuing Eligibility/Dismissal

This form is to be used to consider eligibility for all disability categories except Specific Learning Disability, Speech or Language Impairment, and Deaf-Blindness.

Adverse effect/Adversely affects definition (MUSER II.3)

The word "adverse" commonly means "harmful, impeding, obstructing, or detrimental." To "adversely affect" means to have a negative impact that is more than a minor or transient hindrance, evidenced by findings and observations based on data sources and objective assessments with replicable results. An adverse effect on educational performance does not include a developmentally appropriate characteristic of age/grade peers in the general population.

I.A. The IEP Team has reviewed the following assessment(s) or data source(s) to determine adverse effect resulting from the child's disability [check one of the boxes in each category and provide verification by describing the data that supports the determination as to whether or not adverse effect is demonstrated]:

* N/A=not available

| | Yes | No | N/A* |
|--|--------------------------|-------------------------------------|--------------------------|
| 1. Do standard or percentile scores on nationally-normed, individually-administered achievement test(s), or for children ages 3 to 5, appropriate multi-domain nationally-normed test(s) or rating scale(s), demonstrate adverse effect? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verification: | | | |



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Tell us in the Chat Box why this is not compliant.

What's wrong?



Form for the Determination of Adverse Effect on Educational Performance

Maine Unified Special Education Regulations (MUSER VII.3)

| | | | |
|----------------------------------|--------------------------|------------------|--------------------------|
| Date of Meeting: | 12/15/2023 | SAU: | RSU 900 |
| Child's Name: | Page Turner | School: | Public School |
| Date of Birth: | 6/30/2008 | Grade: | 10 |
| Parent/Guardian Name: | Rita Book | School Phone: | 207-555-5555 |
| Parent/Guardian Address: | 1 Library Ln | School Address: | 1 Mathematics Dr. |
| Parent/Guardian City, State Zip: | Nowhere, ME 44444 | City, State Zip: | Nowhere, ME 44444 |
| | | School Contact: | Jane Doe |

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* N/A=not available

| | | | |
|---|---------------------------------|---|----------------------------------|
| 1. Do standard or percentile scores on nationally-normed, individually- administered achievement test(s), or for children ages 3 to 5, appropriate multi-domain nationally-normed test(s) or rating scale(s), demonstrate adverse effect? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A* <input type="checkbox"/> |
| Verification: | | | |



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- Reason for use of form not checked
- No verification for #1

Instead...



Form for the Determination of Adverse Effect on Educational Performance

Maine Unified Special Education Regulations (MUSER VII.3)

| | | | | |
|----------------------------------|-------------------|-----------|------------------|-------------------|
| Date of Meeting: | 12/15/2023 | | SAU: | RSU 900 |
| Child's Name: | Page Turner | | School: | Public School |
| Date of Birth: | 6/30/2008 | Grade: 10 | School Phone: | 207-555-5555 |
| Parent/Guardian Name: | Rita Book | | School Address: | 1 Mathematics Dr. |
| Parent/Guardian Address: | 1 Library Ln | | City, State Zip: | Nowhere, ME 44444 |
| Parent/Guardian City, State Zip: | Nowhere, ME 44444 | | School Contact: | Jane Doe |

Reason for use of form: Initial Eligibility Continuing Eligibility/Dismissal

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I.A. The IEP Team has reviewed the following assessment(s) or data source(s) to determine adverse effect resulting from the child's disability [check one of the boxes in each category and provide verification by describing the data that supports the determination as to whether or not adverse effect is demonstrated]:

* N/A=not available

| | Yes | No | N/A* |
|--|--------------------------|-------------------------------------|--------------------------|
| 1. Do standard or percentile scores on nationally-normed, individually-administered achievement test(s), or for children ages 3 to 5, appropriate multi-domain nationally-normed test(s) or rating scale(s), demonstrate adverse effect? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verification: WJ-IV Test of Achievement: Broad Reading 97, Broad Math 103, Broad Written Language 88 | | | |



Procedural Manual – Eligibility Forms

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Specific Learning Disability Form



Specific Learning Disability Eligibility Form

Maine Unified Special Education Regulations (MUSER VII.2.L)

| | | | | |
|----------------------------------|--|--------|------------------|--|
| Date of Meeting: | | | SAU: | |
| Child's Name: | | | School: | |
| Date of Birth: | | Grade: | School Phone: | |
| Parent/Guardian Name: | | | School Address: | |
| Parent/Guardian Address: | | | City, State Zip: | |
| Parent/Guardian City, State Zip: | | | School Contact: | |



Specific Learning Disability definition (MUSER VII.2.L):

The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing or motor disabilities, or intellectual disability, or emotional disturbance or environmental, cultural or economic disadvantage.

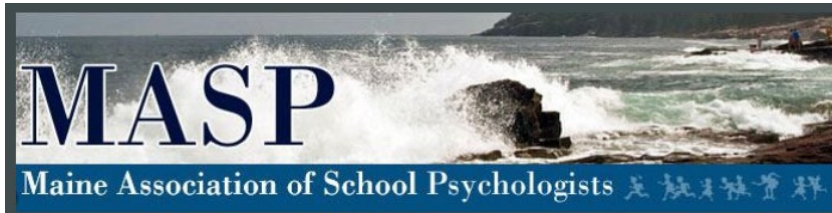
Document conversation/completion of form in Written Notice

Written Notice

- Describe any other factors that are relevant to the SAU's proposed or refused action(s) described above:

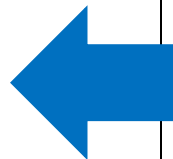
The IEP Team completed the Specific Learning Disability Form and determined that Page Turner qualifies for special education services.

Specific Learning Disability Form



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[2017 \(masonline.net\)](#)



Clinical Guidance on
Implementation

For the Identification of Students
Suspected of Having a

Specific Learning Disability



Developed by the
Maine Association of School Psychologist

September 2008
Revised March 2015, November 2015,
and September 2017

Specific Learning Disability Form

Part A: Qualifying Considerations

1. **Must fill; No blank boxes/areas**
 Check the correct box (Y/N)

1. Does evidence from multiple valid and reliable sources demonstrate that the child is achieving adequately for the child's age and is meeting State-approved grade level standards in all of the areas below? (MUSER VII.2.L(2)(a)(i))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

For children from diverse cultural and/or linguistic backgrounds that place them outside the group on which standardized achievement tests were normed, consider only age or grade equivalent scores, not standardized scores. For such children, determinations in this section should be made using a multi-tiered problem-solving approach such as analysis of work samples and other performance data. (MUSER VII.2.L(2)(a)(c)).

If the answer to Question 1 is **YES**, the child does not qualify as a child with a specific learning disability under MUSER. Provide data supporting that determination in the area below marked "Verification" and proceed to Question 8.

If the answer to Question 1 is **NO**, indicate below the areas in which the child is not achieving adequately. Provide data supporting that determination in the area marked "Verification" and proceed to Question 2.

| | | | |
|--|--------------------------|------------------------------------|--------------------------|
| Oral expression | <input type="checkbox"/> | Reading fluency skills | <input type="checkbox"/> |
| Listening comprehension | <input type="checkbox"/> | Reading comprehension | <input type="checkbox"/> |
| Written expression | <input type="checkbox"/> | Mathematic calculation | <input type="checkbox"/> |
| Basic reading skill | <input type="checkbox"/> | Mathematics problem-solving | <input type="checkbox"/> |
| Verification: | | | |
| <input type="checkbox"/> Must include data source (evaluation/assessment) and data (scores) | | | |
| <input type="checkbox"/> Needed if question is checked Yes or No | | | |

Sources should include: age normed, standardized assessments of academic achievement, state-wide or district-wide assessments, curriculum-based assessments, and classroom assessments based on state standards. Where indicated, sources could include speech/language assessments.

Specific Learning Disability Form

2. **Must fill; No blank boxes/areas**
 Check the correct box (Y/N)

2. If the child is not achieving adequately in all areas, is the underachievement due to the lack of learning experiences and instruction appropriate for the child's age or state approved grade level standards? (MUSER VII.2.L(2)(a)(1))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Verification:

- Identify the methodologies, not the results of general education interventions**
- Consider attendance**
- Consider teacher appropriate certification**
- Culturally and linguistically, include instruction consistent with assessments used to measure academic achievement**
- Needed if question is checked Yes or No**

In making this determination, the Team must:

- a. Consider whether the child, prior to or as a part of the referral process, was provided appropriate instruction in regular education settings, delivered by qualified personnel (MUSER VII.2.L(2)(b)(i)(I)); **and**
- b. For culturally and linguistically diverse children and children from diverse educational backgrounds, consider the extent to which the child has been exposed to culturally and linguistically appropriate instruction.

If the answer to Question 2 is **YES**, the child does not qualify as a child with a specific learning disability under MUSER. Provide information supporting that determination in the area below marked "Verification" and proceed to Question 8.

If the answer to Question 2 is **NO**, provide information supporting that determination in the area marked "Verification" and proceed to Question 3.

Specific Learning Disability Form

3. **Must fill; No blank boxes/areas**
 Check the correct box (Y/N)

This asks not whether the child has an intellectual disability, emotional disturbance, hearing disability, etc., but whether any such disability is a primary cause of the child's failure to achieve adequately.

3. If the child is not achieving adequately in all areas, is the child's lack of achievement primarily the result of any of the following factors? Provide evidence supporting each determination in the areas below marked "Verification."

a. Visual, hearing or motor disability (MUSER VII.2.L(2)(a)(iii)(aa))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Verification:

- Must include data source(s): screening, medical records, observation**
 Needed if question is checked Yes or No

b. Intellectual disability (MUSER VII.2.L(2)(a)(iii)(bb))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Verification:

- Must include data source (evaluation/assessment) and data (scores): cognitive scores and/or adaptive behavior scales**
 Needed if question is checked Yes or No

c. Emotional disturbance (MUSER VII.2.L(2)(a)(iii)(cc))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Verification:

- Must include data source(s): rating scales, disciplinary records, teacher/parent reports, medical records, observations**
 Needed if question is checked Yes or No

d. Environmental, cultural or economic disadvantage and/or limited English proficiency (MUSER VII.2.L(2)(a)(iii)(dd-ff))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Verification:

- Must include data source(s): WIDA scores, ACCESS scores, parent/guardian report; documentation of chronic life disruptions**
 Needed if question is checked Yes or No

If the answer to any sub-part of Question 3 is **YES**, the child does not qualify as a child with a specific learning disability under MUSER. Proceed to Question 8.

If the answer to all sub-parts of Question 3 is **NO**, proceed to question 4.

Specific Learning Disability Form

4. **Must fill; No blank boxes/areas**

Check the correct box (Y/N)

| | | | | | | | |
|--|---|--|----------------------------|-----|----|--------------------------|--------------------------|
| <p>4. Does the child exhibit a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards or intellectual development that is determined by the IEP Team to be relevant to the identification of a specific learning disability, using appropriate assessments? (MUSER VII.2.L(2)(a)(ii))</p> | | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | Verification of Strengths | Verification of Weaknesses | | | | |
| a. | Data collected when using a process that is based on the child's response to scientific research-based intervention, including general education interventions under MUSER Section III. (MUSER VII.2.L(2)(a)(ii)(aa)) | | | | | | |
| b. | Classroom performance data. (MUSER VII.2.L(2)(a)(ii)(bb)) | | | | | | |
| c. | Achievement data based on summative assessments in the district's core curricula, State assessments and/or published nationally norm-referenced assessments. (MUSER VII.2.L(2)(a)(ii)(cc)) | | | | | | |
| d. | Psychological processing data from standardized measures to identify contributing factors, including standardized composite scores from nationally norm-referenced measures of skills such as, but not limited to, phonological processing, information retrieval and processing speed, language, working memory, long-term memory, short-term memory, auditory processing, visual spatial reasoning. (MUSER VII.2.L(2)(a)(ii)(dd)) | | | | | | |

Must include data source (evaluation/assessment) and data (scores): RTI information; CBA; progress monitoring; formative assessment; observation; work samples; grades; CBA-PBE performance indicators; evaluations

For culturally and/or linguistically diverse children, consider the patterns of strengths and weaknesses that are consistent with that population, e.g., many English learners struggle with literacy skills but perform better in less language-based skills such as math calculation.

If the answer to Question 4 is **NO**, the child does not qualify as a child with a specific learning disability under MUSER. Proceed to Question 8.

If the answer to Question 4 is **YES**, proceed to question 5.

Specific Learning Disability Form

5. Relevant behavior noted during the observation(s) and its relationship to academic functioning (MUSER VII.2.L(2)(f)). The child must be observed in the learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty. (MUSER VII.2.L(2)(f)(i))

NOTES:

- Must fill; no blank boxes/or areas**
- Summarize relevant findings from the classroom observation; withdrawal, inattention, disengagement, lack of productivity.**

Specific Learning Disability Form

6. Educationally relevant medical findings (MUSER VII.2.L(2)(g)(i)(IV))

NOTES:

- Must fill: no blank boxes/or areas**
- Summarize relevant medical findings; ADHD, seizure disorder, tic disorder, mental health diagnoses (depression, anxiety, etc.), diabetes, or traumatic brain disorder**

Specific Learning Disability Form

PART B: Conclusions

| | | |
|---|--------------------------|--------------------------|
| 8. Does a specific learning disability exist? (MUSER VII.2.L(2)(g)(i)(I)) | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Check the correct box (Y/N)

If the answer to Question 8 is **NO**, the child does not qualify as a child with a specific learning disability under MUSER. If the answer is **YES**, proceed to question 9.

Directions:

- If “YES”, the following must be true
 - Question 1 must be NO, and verification must be provided.
 - Question 2 must be NO, and verification must be provided.
 - All parts of Question 3 must be NO, and verification must be provided.
 - Question 4 must be YES, and verification must be provided.
 - Question 7 must be YES.
 - Go on to Question 9.
- If “NO”, the following must be true
 - Either Question 1, 2, or any part of 3, must be YES or Question 4 must be NO.

Specific Learning Disability Form

9. If there is a learning disability, the disability is of such nature and degree that [check one and summarize the basis for that selection in the area marked "Summary"]:

| | |
|--------------------------|--|
| <input type="checkbox"/> | a. the child requires special education and related services. (MUSER V.2.F(2)) |
| <input type="checkbox"/> | b. it can be adequately addressed through general education interventions and/or accommodations. |
| Summary: | |
| <input type="checkbox"/> | Check a box (a/b) |
| <input type="checkbox"/> | Must include a summary |

If the box in question 9(a) is checked, the child qualifies as a child with a specific learning disability under MUSER. If the box in question 9(b) is checked, the child does not qualify as a child with a specific learning disability under MUSER.

Directions:

- If "a", the following must be true:
 - Question 8 must be "YES" AND
 - The disability is of such nature AND degree that it cannot be adequately addressed through general education interventions and/or accommodations and only special education and related services will address it.
- If "b", the following must be true:
 - Question 8 must be "YES" AND
 - The disability is of such a nature AND degree that it can be adequately addressed through general education interventions and/or accommodations; therefore, special education and related services are not needed to address it.
 - If a child has been receiving RTI and/or other general education interventions which have enabled the child to make adequate academic progress, check 9b; if a child has failed to make adequate academic progress despite having received such interventions, check 9a. If the child has not received RTI and/or other general education interventions, the Team must determine whether, in view of the nature and degree of the disability, such interventions would likely enable the child to make adequate academic progress

Specific Learning Disability Form

Team members must certify their agreement or disagreement with this result by signing below:

I certify my agreement with the result of this report (MUSER VII.2.L(2)(g)(ii))

| Signature | Printed Name | Title |
|---|--------------|-------|
| <input type="checkbox"/> All team members <u>MUST</u> sign | | |
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I **do not** agree with the result of this report

| Signature | Printed Name | Title |
|-----------|--------------|-------|
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Dissenting team members shall submit a separate statement (MUSER VII.2.L(2)(g)(ii)).

Questions?





What's wrong?

Specific Learning Disability Eligibility Form

4. Does the child exhibit a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards or intellectual development that is determined by the IEP Team to be relevant to the identification of a specific learning disability, using appropriate assessments? (MUSER VII.2.1(2)(a)(ii))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

| | | Verification of Strengths | Verification of Weaknesses |
|----|---|---------------------------------------|---------------------------------------|
| a. | Data collected when using a process that is based on the child's response to scientific research-based intervention, including general education interventions under MUSER Section III. (MUSER VII.2.1(2)(a)(ii)(aa)) | | Data Source(s) & Data Here |
| b. | Classroom performance data. (MUSER VII.2.1(2)(a)(ii)(bb)) | Data Source(s) & Data Here | Data Source(s) & Data Here |
| c. | Achievement data based on summative assessments in the district's core curricula, State assessments and/or published nationally norm-referenced assessments. (MUSER VII.2.1(2)(a)(ii)(cc)) | Data Source(s) & Data Here | Data Source(s) & Data Here |
| d. | Psychological processing data from standardized measures to identify contributing factors, including standardized composite scores from nationally norm-referenced measures of skills such as, but not limited to, phonological processing, information retrieval and processing speed, language, working memory, long-term memory, short-term memory, auditory processing, visual spatial reasoning. (MUSER VII.2.1(2)(a)(ii)(dd)) | Data Source(s) & Data Here | Data Source(s) & Data Here |

For culturally and/or linguistically diverse children, consider the patterns of strengths and weaknesses that are consistent with that population, e.g., many English learners struggle with literacy skills but perform better in less language-based skills such as math calculation.

If the answer to Question 4 is **NO**, the child does not qualify as a child with a specific learning disability under MUSER. Proceed to Question 8.

If the answer to Question 4 is **YES**, proceed to question 5.



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Tell us in the Chat Box why this is not compliant.

What's wrong?

Specific Learning Disability Eligibility Form

4. Does the child exhibit a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards or intellectual development that is determined by the IEP Team to be relevant to the identification of a specific learning disability, using appropriate assessments? (MUSER VII.2.L(2)(a)(ii))

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

| | | Verification of Strengths | Verification of Weaknesses |
|----|---|---------------------------------------|---------------------------------------|
| a. | Data collected when using a process that is based on the child's response to scientific research-based intervention, including general education interventions under MUSER Section III. (MUSER VII.2.L(2)(a)(ii)(aa)) | | Data Source(s) & Data Here |
| b. | Classroom performance data. (MUSER VII.2.L(2)(a)(ii)(bb)) | Data Source(s) & Data Here | Data Source(s) & Data Here |
| c. | Achievement data based on summative assessments in the district's core curricula, State assessments and/or published nationally norm-referenced assessments. (MUSER VII.2.L(2)(a)(ii)(cc)) | Data Source(s) & Data Here | Data Source(s) & Data Here |
| d. | Psychological processing data from standardized measures to identify contributing factors, including standardized composite scores from nationally norm-referenced measures of skills such as, but not limited to, phonological processing, information retrieval and processing speed, language, working memory, long-term memory, short-term memory, auditory processing, visual spatial reasoning. (MUSER VII.2.L(2)(a)(ii)(dd)) | Data Source(s) & Data Here | Data Source(s) & Data Here |



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For culturally and/or linguistically diverse children, consider the patterns of strengths and weaknesses that are consistent with that population, e.g., many English learners struggle with literacy skills but perform better in less language-based skills such as math calculation.

If the answer to Question 4 is **NO**, the child does not qualify as a child with a specific learning disability under MUSER. Proceed to Question 8.

If the answer to Question 4 is **YES**, proceed to question 5.

- Yes/No not checked
- 4a blank

Instead...

Specific Learning Disability Eligibility Form

4. Does the child exhibit a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards or intellectual development that is determined by the IEP Team to be relevant to the identification of a specific learning disability, using appropriate assessments? (MUSER VII.2.1(2)(a)(ii))

| YES | NO |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | Verification of Strengths | Verification of Weaknesses |
|----|---|----------------------------|----------------------------|
| a. | Data collected when using a process that is based on the child's response to scientific research-based intervention, including general education interventions under MUSER Section III. (MUSER VII.2.1(2)(a)(ii)(aa)) | Data Source(s) & Data Here | Data Source(s) & Data Here |
| b. | Classroom performance data. (MUSER VII.2.1(2)(a)(ii)(bb)) | Data Source(s) & Data Here | Data Source(s) & Data Here |
| c. | Achievement data based on summative assessments in the district's core curricula, State assessments and/or published nationally norm-referenced assessments. (MUSER VII.2.1(2)(a)(ii)(cc)) | Data Source(s) & Data Here | Data Source(s) & Data Here |
| d. | Psychological processing data from standardized measures to identify contributing factors, including standardized composite scores from nationally norm-referenced measures of skills such as, but not limited to, phonological processing, information retrieval and processing speed, language, working memory, long-term memory, short-term memory, auditory processing, visual spatial reasoning. (MUSER VII.2.1(2)(a)(ii)(dd)) | Data Source(s) & Data Here | Data Source(s) & Data Here |

For culturally and/or linguistically diverse children, consider the patterns of strengths and weaknesses that are consistent with that population, e.g., many English learners struggle with literacy skills but perform better in less language-based skills such as math calculation.

If the answer to Question 4 is **NO**, the child does not qualify as a child with a specific learning disability under MUSER. Proceed to Question 8.

If the answer to Question 4 is **YES**, proceed to question 5.

Procedural Manual – Eligibility Forms

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Speech or Language Impairment Form



Speech or Language Impairment Eligibility Form

Maine Unified Special Education Regulations (MUSER VII.2.K)

| | | | | |
|----------------------------------|--|------------------|---------|--|
| Date of Meeting: | | SAU: | | |
| Child's Name: | | | School: | |
| Date of Birth: | | Grade: | | |
| Parent/Guardian Name: | | School Phone: | | |
| Parent/Guardian Address: | | School Address: | | |
| Parent/Guardian City, State Zip: | | City, State Zip: | | |
| | | School Contact: | | |

Document conversation/completion of form in Written Notice



Written Notice

- Describe any other factors that are relevant to the SAU's proposed or refused action(s) described above:

The IEP Team completed the Speech/Language Eligibility Form and determined that Page Turner qualifies for special education services.



Speech or Language Impairment Form

A child must meet **at least one of the four** criteria listed and to such a degree that it **adversely affects** educational performance and requires special education for the child to benefit from his/her education program. **This form is to be completed by the IEP Team whenever there is a meeting to determine eligibility or consider a change in eligibility (including dismissal from special education).**

- Must fill; no blank boxes/areas**
- Check the correct box (Y/N)**
- IEP Team must first complete the four severity rating scales that follow**
- Sources of verification: standardized assessments, language samples, checklists, criterion-referenced assessments, rating scales**
- Needed if question is checked Yes or No**
- If No due to checking “No Assessment Needed” on Severity Rating Scale, verification should indicate: “Not an area of suspected disability”**

| | | |
|--|--------------------------|--------------------------|
| 1. Does the child exhibit an articulation impairment based on the articulation severity rating scale? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: | | |

| | | |
|---|--------------------------|--------------------------|
| 2. Does the child exhibit a language impairment based on the language severity rating scale? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: | | |

| | | |
|---|--------------------------|--------------------------|
| 3. Does the child exhibit a fluency impairment based on the fluency severity rating scale? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: | | |

| | | |
|---|--------------------------|--------------------------|
| 4. Does the child exhibit a voice impairment based on the voice severity rating scale? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Verification: | | |

If the team has checked YES to any of Questions 1-4, check YES on Question 5, then go to question 6. If not, check NO on Question 5; the child does not qualify as a child with a speech or language impairment.

Speech or Language Impairment Form

5. Does a **speech or language impairment** exist?

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- Must fill; No blank boxes/areas**
- Check the correct box (Y/N)**

Speech or Language Impairment Form

| | | |
|--|--------------------------|--------------------------|
| 6. Does the child's speech or language impairment adversely affect his/her educational performance? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Verification:

- Must fill; No blank boxes/areas**
- Check the correct box (Y/N)**
- Sources of data may include: classroom grades, child work products, measures of attainment of literacy standards, scores on standardized tests of academic achievement (including reading comprehension scores), teacher and parent reports, evidence of functional communication skills, evidence of social cognitive strengths and social pragmatics, records of attendance, disciplinary evidence or behavior rating scales, and observations or ratings of social/emotional functioning**

If the answer to Question 6 is YES, go to Question 7. If NO, the child does not qualify as a child with a speech or language impairment.

Speech or Language Impairment Form

7. If there is **a speech or language impairment**, the impairment is of such nature and degree that [check one and summarize the basis for that selection in the area marked "Verification"]:

| | |
|---|--|
| <input type="checkbox"/> | a. the child requires special education. |
| <input type="checkbox"/> | b. it can be adequately addressed through general education interventions and/or accommodations. |
| Verification: <input type="checkbox"/> Check the correct box (a/b) <input type="checkbox"/> Must fill; No blank boxes/areas | |

If the box in question 7(a) is checked, the child qualifies as a child with a speech or language impairment. If the box in question 7(b) is checked, the child does not qualify as a child with a speech or language impairment.

Document and include all severity rating scales

Speech or Language Impairment Form



Speech or Language Impairment Eligibility Form/Severity Rating Scales

Articulation Severity Rating Scale

Articulation impairment: The abnormal production of speech sounds including; substitutions, omissions, distortions or additions of speech sounds not commensurate with child's chronological age or cultural linguistic background and not related to dialect.

Check when not raised as an area of suspected disability

| | |
|---|---|
| <input type="checkbox"/> No articulation assessment needed. | To find the presence of an impairment, ratings in Description of Articulation, Standardized Assessments and Informal Assessments MUST fall within the moderate or severe category. |
|---|---|

Must fill, if "no assessment needed" is not checked

| | <input type="checkbox"/> No apparent problem | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|------------------------------------|---|--|---|---|
| Description of Articulation | No sound errors <u>present</u> or production is developmentally appropriate. | <ul style="list-style-type: none"> • Sound errors are intelligible but noticeable. • Errors consist of common types of substitutions and/or distortions. | <ul style="list-style-type: none"> • More numerous articulation errors are present. Intelligibility is difficult for an unfamiliar listener. • Excessive use (40% or more) of substitution or omission processes which are inappropriate for age. | <ul style="list-style-type: none"> • Many articulation errors are present. Speech is frequently unintelligible to most listeners. • Excessive use (40% or more) of omission processes or unique processes which are inappropriate for age. |
| Standardized Assessments | <ul style="list-style-type: none"> • A standard score <1.0 standard deviation below the mean. • A standard score of ≥86. • 16th percentile or above. | <ul style="list-style-type: none"> • 1 to 1.4 standard deviations below the mean. • 7-15th percentile. • A standard score of 78-85. • ≤2 speech sound errors outside developmental guidelines. Children may be stimulable for error sounds. | <ul style="list-style-type: none"> • 1.5 to 1.9 standard deviations below the mean. • 2-6th percentile. • A standard score of 70-77. • Substitutions, <u>distortions</u> and some omissions may be present. There is limited stimulability for the error phonemes. | <ul style="list-style-type: none"> • ≥2 standard deviations below the mean. • <2nd percentile. • A standard score <70. • Deviations may range from extensive substitutions and many omissions to extensive omissions. |
| Informal Assessments | <input type="checkbox"/> No apparent problem | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Ages 3-4 | Intelligible >80% of the time in connected speech. | Intelligible 61-80% of the time in connected speech. | Intelligible 40-60% of the time in connected speech. | Intelligible <40% of the time in connected speech. |
| Ages 4-5 | Intelligible >80% of the time in connected speech. | Intelligible >80% of the time in connected speech. | Intelligible 60-80% of the time in connected speech. | Intelligible <60% of the time in connected speech. |
| Ages 5-20 | Intelligible >80% of the time in connected speech. | Intelligible >80% of the time in connected speech. | Intelligible 60-80% of the time in connected speech. | Intelligible <60% of the time in connected speech. |

Informal Assessment for a 5 year old:

- use "Ages 3-5" for CDS
- use "Ages 5-20" for SAU



Speech or Language Impairment Form



Speech or Language Impairment Eligibility Form/Severity Rating Scales

Language Severity Rating Scale

Language impairment: Any deviation in form of language (phonology, morphology and syntax), the content of language (vocabulary, semantics), and/or the functional use of language (pragmatics) perceived to be outside the allowable range for an individual's communication competence and not related to dialect or linguistic/cultural background. A language impairment adversely affects the child's educational performance as reflected by his/her social interaction, behavior, emotional development, vocational performance, communication, and/or participation in classroom activities as well as academic achievement.

Check when not raised as an area of suspected disability

| | |
|---|--|
| <input type="checkbox"/> No language assessment needed. | To find the presence of an impairment, ratings in Standardized Assessments and Informal Assessments MUST fall within the moderate or severe category. |
|---|--|

Must fill, if "no assessment needed" is not checked

| | <input type="checkbox"/> No apparent problem | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|---------------------------------|--|--|---|---|
| Standardized Assessments | <ul style="list-style-type: none"> A composite standard score <1.0 standard deviation below the mean. Language quotient or standard score of ≥ 86. $\geq 17^{\text{th}}$ percentile. | <ul style="list-style-type: none"> A composite standard score of 1.0 to 1.4 standard deviations below the mean. Language quotient or standard score of 78-85. 8-16th percentile. | <ul style="list-style-type: none"> A composite standard score of 1.5 to 2 standard deviations below the mean. Language quotient or standard score of 71-77. 3-7th percentile. | <ul style="list-style-type: none"> A composite standard score of >2 standard deviations below the mean. Language quotient or standard score at or <70. $\leq 2^{\text{nd}}$ percentile. |
| Informal Assessments | <ul style="list-style-type: none"> Criterion referenced Language or speech samples Structured observation <p>The child's language skills are within his/her expected language performance range on an informal assessment instrument.</p> | <p>Informal assessment indicates a language deficit.</p> | <p>Informal assessment indicates a language deficit that <i>usually</i> interferes with communication.</p> | <p>Informal assessment indicates the pupil has <i>limited</i> functional language skills. Communication is an effort. Child is nonverbal and cognitive ability has not been ascertained.</p> |



Speech or Language Impairment Form



Speech or Language Impairment Eligibility Form/Severity Rating Scales

Fluency Severity Rating Scale

Fluency impairment: Abnormal speech production with reference to continuity, smoothness, rate and effort.

Check when not raised as an area of suspected disability

| | |
|--|--|
| <input type="checkbox"/> No fluency assessment needed. | To find the presence of an impairment, ratings in Description of Fluency and Informal Assessments <u>MUST</u> fall within the moderate or severe category. |
|--|--|

Must fill, if "no assessment needed" is not checked

| | <input type="checkbox"/> No apparent problem | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|---|--|--|---|--|
| <i>Standardized Assessments/ Description of Fluency</i> | Fluency of speech does not draw attention to the child and is developmentally appropriate. | <ul style="list-style-type: none"> • 3-5% dysfluent syllables of total syllables spoken with two or more speech samples of at least 100 syllables. • No secondary characteristics, frustration and avoidance behaviors present. • Fluent speech predominates. | <ul style="list-style-type: none"> • 6-10% dysfluent syllables of total syllables spoken with two or more speech samples of at least 100 syllables. • Secondary characteristics, frustration and avoidance behaviors <i>may</i> be present. | <ul style="list-style-type: none"> • ≥11% dysfluent syllables of total syllables spoken with two or more speech samples of at least 100 syllables. • Secondary characteristics, frustration and avoidance behaviors are present, typically noticeable and distracting. |
| <i>Informal Assessments</i> | <input type="checkbox"/> No apparent problem | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| | | Transitory dysfluencies are observed in specific situations. | Frequent dysfluencies are observed in many situations. | Habitual dysfluent behaviors are observed in a <u>majority of</u> situations. |

Children in CDS, a standardized assessment is not required; alternative assessment procedures such as clinical observations can be utilized to score the description of fluency

Speech or Language Impairment Form



Speech or Language Impairment Eligibility Form/Severity Rating Scales

Voice Severity Rating Scale

When a child is referred for a voice impairment, a medical referral is indicated.

Voice impairment: The absence or abnormal production of voice characterized by: deviant initiation/duration, tonal quality, pitch, loudness and/or resonance for age or speaking situation.

Check when not raised as an area of suspected disability

| | |
|--|--|
| <input type="checkbox"/> No voice assessment needed. | To find the presence of an impairment, ratings in Description of Voice and Informal Assessments <u>MUST</u> fall within the moderate or severe category. |
|--|--|

Must fill, if "no assessment needed" is not checked

| | <input type="checkbox"/> No apparent problem | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|-----------------------------|---|--|--|--|
| Description of Voice | Voice production quality (tension, resonance), pitch and intensity are not unusual. | Inconsistent noticeable differences in voice production quality (tension, resonance), pitch or intensity. | Persistent noticeable differences in voice production quality (tension, resonance), pitch or intensity. | Persistent noticeable extreme differences in voice production quality (tension, resonance), pitch or intensity. |
| Informal Assessments | <input type="checkbox"/> No apparent problem | Voice difference including hoarseness, hypernasality, hyponasality, <u>pitch</u> or intensity is somewhat inappropriate for the child's age. Voice difference is of little or no concern to a physician. | Voice difference including hoarseness, hypernasality, hyponasality, <u>pitch</u> or intensity is significantly inappropriate for the child's age. Voice difference is of concern to a physician. | Voice difference including hoarseness, hypernasality, hyponasality, <u>pitch</u> or intensity is distinctly abnormal for the child's age. Voice difference is of concern to a physician. |



Voice impairment is a medical condition, and the diagnosis from a physician is required.

Questions?





What's wrong?



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Speech or Language Eligibility Form

| | | |
|--|--|---|
| 1. Does the child exhibit an articulation impairment based on the articulation severity rating scale? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Verification: Goldman Fristoe scores | | |
| 2. Does the child exhibit a language impairment based on the language severity rating scale? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Verification: CELF scores | | |
| 3. Does the child exhibit a fluency impairment based on the fluency severity rating scale? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| Verification: | | |
| 4. Does the child exhibit a voice impairment based on the voice severity rating scale? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| Verification: | | |

Tell us in the Chat Box why this is not compliant.


What's wrong?



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Speech or Language Eligibility Form

| | | |
|--|--|---|
| 1. Does the child exhibit an articulation impairment based on the articulation severity rating scale? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Verification: Goldman Fristoe scores | | |
| 2. Does the child exhibit a language impairment based on the language severity rating scale? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Verification: CELF scores | | |
| 3. Does the child exhibit a fluency impairment based on the fluency severity rating scale? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| Verification: | | |
| 4. Does the child exhibit a voice impairment based on the voice severity rating scale? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| Verification: | | |

- 
- Verification does not include data (scores)
 - No verification listed for #3 or #4

Instead...



Speech or Language Eligibility Form

1. Does the child exhibit an **articulation impairment** based on the articulation severity rating scale?

| YES | NO |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Verification: **GFTA-3: Standard score 53**

2. Does the child exhibit a **language impairment** based on the language severity rating scale?

| YES | NO |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Verification: **CELF-5: Core Language 63, Expressive Language 62, Receptive Language 65**

3. Does the child exhibit a **fluency impairment** based on the fluency severity rating scale?

| YES | NO |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Verification: **Not an area of suspected disability**

4. Does the child exhibit a **voice impairment** based on the voice severity rating scale?

| YES | NO |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Verification: **Not an area of suspected disability**

Commonly Asked Questions: Specific to Eligibility Forms



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Do all the questions on the Adverse Effect form have to be answered?

Yes, all the questions need to be answered by the IEP Team.

Please note: NA means Not Available. Therefore, if there is no data to support a “yes” or “no” then “NA” should be checked.

Do the eligibility forms need to be completed during the IEP Team Meeting?

Yes, any appropriate eligibility forms must be completed during the meeting and a statement about this must be included in the Written Notice.

The Specific Learning Disability Form must be signed by all Team members.


Also, if there is a change in eligibility, it might be necessary to complete multiple eligibility forms.


Resources




Resources

Procedural Manual





**Special Education
Required Forms
Procedural Manual**



Updated 8/1/2020

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The IEP Committee:
Patricia Block, RSU #12
Mary Adley, Maine DOE
Laurie Lemieux, Winthrop School Dept.
Roberta Lucas, Maine DOE
Kris Michael, CDS
Shelby Thibodeau, Augusta School Dept.
Dan Hemdal, Maine DOE
Ryan Meserve, RSU #38
Riley Donovan, RSU #64

2

Resources

Maine Unified Special Education Regulations (MUSER)



05-071 Chapter 101

**Maine Unified Special Education Regulation
Birth to Age Twenty**

Effective Date:

August 25, 2017

Resources

2023-24 Cohort IEP Quick Reference Document

2023-2024 Cohort – Tips and Tricks for Writing a Compliant IEP

[For more information, click here for the Special Education Required Forms Procedural Manual](#)

| <u>Finding</u> | <u>Location</u> | <u>MUSER Citation</u> | <u>Criteria</u> |
|----------------|-----------------|---|--|
| RAE1 | Section 4A | Results of initial or most recent evaluations of the child. 34 CFR 300.324(a)(1)(iii) MUSER IX.3.C(1)(c) | <ul style="list-style-type: none"> - Include evaluations that support the eligibility discussion - Include evaluation name - All evaluations must be dated |
| AFS1 | Section 4B | Academic, Functional, and/or Developmental strengths of the child 34 CFR 300.324(a)(1)(i) MUSER IX.3.C(1)(a) | <ul style="list-style-type: none"> - Based on observations - Include areas of strength and relative strengths - NOT a restatement of evaluations |
| APG2 | Section 4C | Academic needs (distinctly measurable and persistent skill gap) of the child. 34 CFR 300.324(a)(1)(iv) MUSER IX.3.C(1)(d) | <ul style="list-style-type: none"> - Academic - Distinctly Measurable and Persistent Skill Gaps - Best documented in a bulleted list - Make sure to include specific skill deficits <ul style="list-style-type: none"> - Fluency, Comprehension, etc. instead of Reading |

Resources



[Professional Development Calendar](#)

[Link for Recordings and Power Points](#)



[Special Education Resources](#)

[Special Education Laws and Regulations](#)



[Special Education Forms and Reporting](#)



2023-24 Professional Development

| <u>DATE</u> | <u>TOPIC/DESCRIPTION</u> |
|----------------------------|---|
| Wednesday 9/13/23 | <u>Resources</u> |
| Wednesday 9/27/23 | <u>Transition from CDS to Public School</u> |
| Friday 9/29/23 | <u>Q&A Session</u> |
| Wednesday 10/11/23 | <u>Abbreviated Day</u> |
| Tuesday 10/24/23 | <u>Fall All District IEP Training</u> |
| Tuesday 10/24/23 | <u>Fall All District B-13 Training</u> |
| Wednesday 10/25/23 | <u>Discipline & Manifestation Determination</u> |
| Friday 10/27/23 | <u>Q&A Session</u> |
| <i>*Wednesday 11/8/23*</i> | <u><i>*Alignment and DIB1 (Disability Alignment)*</i></u> |
| Wednesday 12/13/23 | <u>Orientation and Mobility</u> |
| Wednesday 12/20/23 | Compliant Transition Plans |
| Tuesday 1/9/24 | Winter All District B-13 Training |
| Tuesday 1/9/24 | Winter All District IEP Training |
| Wednesday 1/10/24 | Advanced Written Notice & Written Notice |

2023-24 Professional Development (cont.)

| <u>DATE</u> | <u>TOPIC/DESCRIPTION</u> | <u>REGISTRATION LINK</u> |
|----------------------------|---|--|
| Wednesday 1/24/24 | Present Level of Performance | |
| Friday 1/26/24 | <u>Q&A Session</u> | |
| Wednesday 2/14/24 | Writing Measurable Functional Goals and Avoiding Outcomes | |
| Wednesday 2/28/24 | Transition from CDS to Public School | |
| <i>*Wednesday 3/13/24*</i> | <i>*Least Restrictive Environment*</i> | |
| Wednesday 3/27/24 | Forms – (AE attached to WN) | |
| Friday 3/29/24 | <u>Q&A Session</u> | Q & A Registration Link |
| Wednesday 4/10/24 | Special Education Law for General Education Teachers | Special Education Law for General Education Teachers Registration Link |
| Wednesday 4/24/24 | IEP Essentials | IEP Essentials Registration Link |
| Friday 4/26/24 | <u>Q&A Session</u> | Q & A Registration Link |
| Thursday 5/2/24 | Spring All District IEP Training | IEP Training Registration Link (5/2/24) |
| Thursday 5/2/24 | Spring All District B-13 Training | B-13 Training Registration Link (5/2/24) |
| Wednesday 5/8/24 | Consultation/Related Service Goals | Consultation/Related Service Goals Registration Link |
| Wednesday 5/22/24 | Data Collection | Data Collection Registration Link |
| Friday 5/24/24 | <u>Q&A Session</u> | Q & A Registration Link |

Please consider sharing the links to these PD opportunities with general education teachers:

Wednesday 10/25/23 - [Discipline & Manifestation Determination](#)

Wednesday 4/10/24 - Special Education Law for General Education Teachers

Please consider sharing the links to these PD opportunities with related service providers:

Wednesday 2/14/24 - Writing Measurable Functional Goals and Avoiding Outcomes

Wednesday 5/8/24 - Consultation/Related Service Goals



Professional Learning Feedback and Contact Hour Form.

Use the link to complete the form
on your computer

OR

Use the QR code to complete the
form on your mobile device



Feedback and Contact Hours

Complete this form to provide us with feedback and receive your contact hour certificate. Your feedback matters to us!

* Required

1

Did the training content meet your expectations? *

Yes

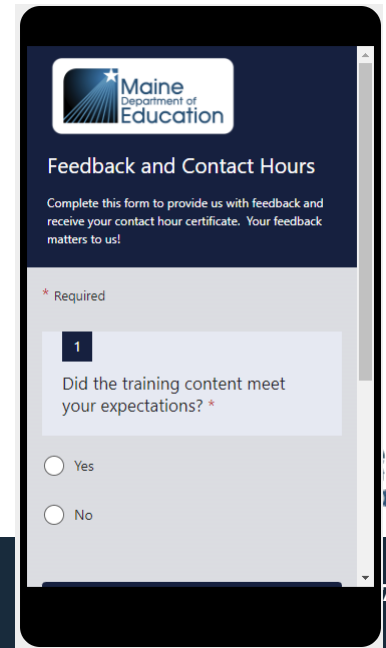
No

Next

<https://forms.office.com/g/by472QQLDJ>

**YOUR
VOICE
MATTERS.**

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Maine Department of Education

Feedback and Contact Hours

Complete this form to provide us with feedback and receive your contact hour certificate. Your feedback matters to us!

* Required

1

Did the training content meet your expectations? *

Yes

No



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THANK YOU!

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Colette Sullivan – Federal Programs Coordinator
colette.sullivan@maine.gov

Jennifer Gleason – Special Education Consultant
jennifer.gleason@maine.gov

Karlie Thibodeau – Special Education Consultant
karlie.l.thibodeau@maine.gov

Ashley Satre – Special Education Consultant
ashley.satre@maine.gov

Julie Pelletier – Secretary Associate
julie.pelletier@maine.gov

