



**SAU/School/Grade or CDS Placement:**

Date IEP Sent to Parent:

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**1. CHILD INFORMATION**

Child's Name:

Date of Birth/Age:

School/Grade:

Parent Information:

State Agency Client: Yes  No

Date of Meeting:

Effective Date of IEP:

Date of Annual IEP Review:

Date of Re-evaluation:

Date(s) of Amended IEP:

Case Manager:

**2. DISABILITY: (MUSER) VII.2**

- |                                                         |                                                             |                                                                                |
|---------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Autism                         | <input type="checkbox"/> Deaf-Blindness                     | <input type="checkbox"/> Deafness                                              |
| <input type="checkbox"/> Developmental Delay (ages 3-5) | <input type="checkbox"/> Developmental Delay (Kindergarten) | <input type="checkbox"/> Emotional Disturbance                                 |
| <input type="checkbox"/> Hearing Impairment             | <input type="checkbox"/> Mental Retardation                 | <input type="checkbox"/> Multiple Disabilities (list concomitant disabilities) |
| <input type="checkbox"/> Other Health Impairment        | <input type="checkbox"/> Orthopedic Impairment              | <input type="checkbox"/> Speech or Language Impairment                         |
| <input type="checkbox"/> Specific Learning Disability   | <input type="checkbox"/> Traumatic Brain Injury             | <input type="checkbox"/> Visual Impairment (Including Blindness)               |

Child's Name:

### 3. CONSIDERATIONS

**In developing each child's IEP, the IEP Team must consider-** MUSER IX.3.C.

- A. The strengths of child: MUSER IX.3.C.(1)(a)
- B. The concerns of parents for enhancing the education of their child: MUSER IX.3.C.(1)(b)
- C. Results of the initial evaluation or most recent evaluation of the child: MUSER IX.3.C.(1)(c)
- D. Academic, developmental, and functional needs of the child: MUSER IX.3.C.(1)(d)

**Consideration of Special Factors: The IEP team must-** MUSER IX.3.C.(2)

E. In the case of a child whose behavior impedes the child's learning or that of others consider the use of positive behavioral interventions and supports and other strategies to address the behavior: MUSER IX.3.C.(2)(a)

Check if not needed  **If needed, indicate where it is addressed in the IEP.**

F. In the case of a child with limited English proficiency, consider the language needs of the child as those needs relate to the child's IEP  
MUSER IX.3.C.(2)(b)

Check if not needed  **If needed, indicate where the need is addressed in the IEP.**

G. In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child. MUSER IX.3.C.(2)(c)

Check if not needed  **If needed, indicate where the need is addressed in the IEP.**

H. Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode.  
MUSER IX.3.C.(2)(d)

Check if not needed  **If needed, indicate where the need is addressed in the IEP.**

I. Consider whether the child needs assistive technology devices and services. MUSER IX.3.C.(2)(e)

Check if not needed  **If needed, indicate where the need is addressed in the IEP.**

Child's Name:

**4. PRESENT LEVEL OF ACADEMIC AND FUNCTIONAL PERFORMANCE** MUSER IX.3.A.(1)(a)(i)&(ii)

A statement of Present levels of academic achievement and functional performance:

How the child's disability affects the child's involvement and progress in the general education curriculum, or for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities:

**5. ANNUAL GOAL(S)**

Measurable annual goals including academic and functional goals designed to meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and meet each of the child's other educational needs that result from the child's disability and how the child's progress toward meeting the annual goals will be measured. MUSER IX.3.A.(1)(b)&(c)

(For children in grades 9-12 the IEP shall reflect the individual goals to successfully meet the content standards of the system of Learning Results in addition to any other diploma requirements applicable to all secondary school children pursuant to 20-A-MRSA § 4722 & MUSER IX.3.A.(1)(b)(iii))

<b>Measurable Annual Goal</b>	<b>*1,2,3,4 For Pre School only</b>	<b>How Goal will be Measured</b>	<b>**PROGRESS</b>

\* (Indicate in this column if this is a goal related to kindergarten transition and use number codes below to identify the area(s) to which it relates:

- 1. Extension of FAPE in CDS
- 2. Program Visitation
- 3. Transition Preparation/Adjustments
- 4. Skill Assessment

\*\* ( ADD THE DESCRIPTION BELOW OF PROGRESS CODES FOR ANNUAL GOAL/GOALS)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Include below, a statement to parents of when periodic reports on the progress their child is making toward meeting the annual goals will be provided.

MUSER IX.3.A.(1)(c)

Child's Name:

## 6. SHORT TERM OBJECTIVES

Only for children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives: MUSER IX.3.A.(1)(a)(iii)

SHORT TERM OBJECTIVES				* PROGRESS			
Given....	Child will....	As measured by....	By when....				

\*(SAU's need to add their own description of progress toward meeting the objectives)

## 7. SPECIAL EDUCATION AND RELATED SERVICES MUSER IX.3.A.(1)(D) & IX.3.A.(1)(G)

<u>Special Education Services</u>	<u>Position Responsible</u>	<u>Location</u>	<u>Frequency</u>	<u>Duration</u> Beginning/Ending Date
Specially Designed Instruction				
Consultation				
Speech and Language Services				
Tutorial Services				
Extended School Year Services				
Other				

Child's Name:

<b>Related Services</b>	<b>Position Responsible</b>	<b>Location</b>	<b>Frequency</b>	<b>Duration</b> Beginning/Ending Date
Speech and Language Services Occupational Therapy Physical Therapy Social Work Services Transportation Other				

**8. Supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child and a statement of program modifications or supports for SAU personnel that will be provided to enable the child to advance toward attaining the goals, to be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities, and to be educated and participate with other children with disabilities and nondisabled children in activities. MUSER IX.3.A.(1)(D) & (G)**

<b>Supplementary aids, services, modifications, and or supports for SAU personnel.</b>	<b>Position Responsible</b>	<b>Location</b>	<b>Frequency</b>	<b>Duration</b> Beginning /Ending date
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Child's Name:

## **9. LEAST RESTRICTIVE ENVIRONMENT**

An explanation of the extent, if any, to which the child will not participate with non disabled children in the regular class and in extracurricular and other nonacademic activities: MUSER IX.3.A.(1)(e)

## **10. STATE AND DISTRICT WIDE ASSESSMENTS**

A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district wide assessments: MUSER IX.3.A.(1)(f)(i)

If the IEP Team determines that the child shall take an alternate assessment on a particular State or district wide assessment of child achievement, a statement of why the child cannot participate in the regular assessment and why the particular assessment selected is appropriate for the child. MUSER IX.3.A.(1)(f)(ii)(I)&(II)

*If this child's IEP does not require Section 11, Secondary Transition and Section 12, Age of Majority this will be the last page of the IEP.*

Child's Name:

**11a-e. SECONDARY TRANSITION**

**11a. (Must be completed if child is not in attendance)**

If the purpose of the meeting will be the consideration of transition service needs and or the post-secondary goals for the child and the transition services needed to assist the child in reaching those goals and the child does not attend, document the steps taken to ensure that the child's preferences and interests are considered. MUSER Section VI.2.C.(3)(d)

Beginning not later than the first IEP to be in effect when the child is 14, or younger if determined appropriate by the IEP Team, and updated annually thereafter appropriate measurable postsecondary goals based upon age appropriate transition assessments related to: MUSER IX.3.A.(1)(i)

**11b. Child's Post Secondary Goals  
Training/Education**

**11c. Age Appropriate Transition Assessments Completed**

**Employment**

**Independent  
Living Skills  
(Where appropriate)**

Child's Name:

...and the transition services (including courses of study) needed to assist the child in reaching those goals. MUSER IX.3.A.(1)(i) & (ii)

Child's Course of Study updated annually: (required for students 14 through the age either at which the child receives a regular education diploma or ages out of IDEA eligibility) MUSER IX.3.A.(i)(ii)

**11d. Courses of Study:**

11e.

**Transition Services needed to assist the child in reaching his/her post secondary goals.**

	<b>Needs and Activities</b>	<b>Position/Title Responsible</b>	<b>Targeted Completion Date</b>
<b>Related Services</b>			
<b>Community Experience</b>			
<b>Employment</b>			
<b>Post- School adult living objectives</b>			
<b>If appropriate the acquisition of daily living skills</b>			
<b>If appropriate the provision of a functional vocational evaluation</b>			

Child's Name:

## **12. AGE OF MAJORITY**

Beginning not later than one year before the child reaches the age of majority under state law (18), include a statement that the child has been informed of the child's rights that will transfer to the child on reaching the age of majority. MUSER IX.3.A.(i)(iii)

Date child was informed of the transfer of rights:

Updated 07/29/2008