

# Thank you for joining us!

- We like to start right on time at 3 pm.
- While we wait for others to join, please take a moment and share your name and role in the chat box.





***This Training is being Recorded.***

Please contact Julie Pelletier at  
[julie.pelletier@maine.gov](mailto:julie.pelletier@maine.gov) for the recording.



# **Office Hours: Eligibility**

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# Agenda

1. Introductions
2. Overview of Eligibility Criteria
3. Overview of Eligibility Forms
4. Misc. Information
5. Frequently Asked Questions



**We have several chat box check in's  
embedded in today's PowerPoint.**



# Procedural Manual



# **Maine Unified Special Education Regulations** **(MUSER)**



05-071 Chapter 101

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

**Effective Date:**

**August 25, 2017**



# **MUSER – Maine Unified Special Education Regulations**

## **MUSER VII.2**

*A child must need special education. Although federal regulations do not define “needs,” the word commonly signifies something necessary, something exigent or the “lack of something essential.”*

*A child “needs” special education and related services when, because of the disability, the child can neither progress effectively in a regular education program nor receive reasonable benefit from such a program in spite of other services available to the child.*

*The **need** is best established through evidence of a **distinctly measurable and persistent gap** in the child’s educational or functional performance that cannot be addressed through services or accommodations available through the general education program.*



# 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.*

# How is FAPE Defined in the IDEA?

**Under the IDEA, FAPE is defined to include special education and related services that:**

- (1) are provided at public expense, under public supervision and direction, and without charge;
- (2) meet the standards of the State educational agency (SEA), including IDEA Part B requirements,
- (3) include an appropriate preschool, elementary school, or secondary school education in the State involved; and
- (4) are provided in conformity with an IEP that meets the requirements of 34 CFR 300.320 through 300.324.

**Further, each child with a disability is entitled to receive FAPE in the Least Restrictive Environment. (LRE).**

# Special Education Initial Eval 3-20

## 1. Referral Submitted

## 2. Receipt of Referral

- ❖ SAU must define what date constitutes the receipt of referral. All referrals to the IEP Team must be acted upon in a timely manner.

## 3. Consent to Evaluate-Sent

- ❖ The IEP Team will review data, with or without a meeting, and determine the need for additional evaluations. A consent to evaluate form must be **sent within 15 school days**, of the receipt of referral.

# Special Education Initial Eval 3-20

## 4. Received Consent-Signed

- ❖ Public schools-initial evaluations must be **completed within 45 school days** of receiving parental consent.
- ❖ CDS-initial evaluations must be **completed within 60 calendar days**.

## 5. IEP Team Meeting: Review Evaluations & Eligibility

- ❖ Within the timeframe (**45 school days**) meet to determine if the child is a child with a disability.
- ❖ If a disability is determined, an IEP must be developed.

## 6. Initial Consent for Services

- ❖ Informed consent from the parent must be obtained before providing services.

# Special Education Initial Eval 3-20

## 7. Initial IEP

- ❖ An IEP Team Meeting to develop an IEP must be conducted **within 30 calendar days of determination** that the child needs special education and related services.\*\*
- ❖ A copy of the IEP must be given to the parents **within 21 school days** of the IEP Team Meeting.

## 8. Initial IEP Implementation

- ❖ The IEP will be implemented **as soon as possible** following the IEP Meeting, but **no later than 30 calendar days** after initial identification.

# Chat Box Check In



# Section 1: SAU, Date Sent to Parent and Child Information

SAU or CDS Site:

Date IEP Sent to Parent:

## 1. CHILD INFORMATION

Child's Name:

Date of Birth:

Age:

Grade:

School/Program:

Parent/Guardian Name:

Child's Address:

City, State, ZIP:

Annual Date of IEP Meeting:

Duration of the IEP:

Date of Next Annual IEP Meeting:

Date of Re-Evaluation:

Date(s) of Amended IEP:

Case Manager:

State Agency Client? ☐ YES ☐ NO

# Section 2: Disability

## 2. DISABILITY

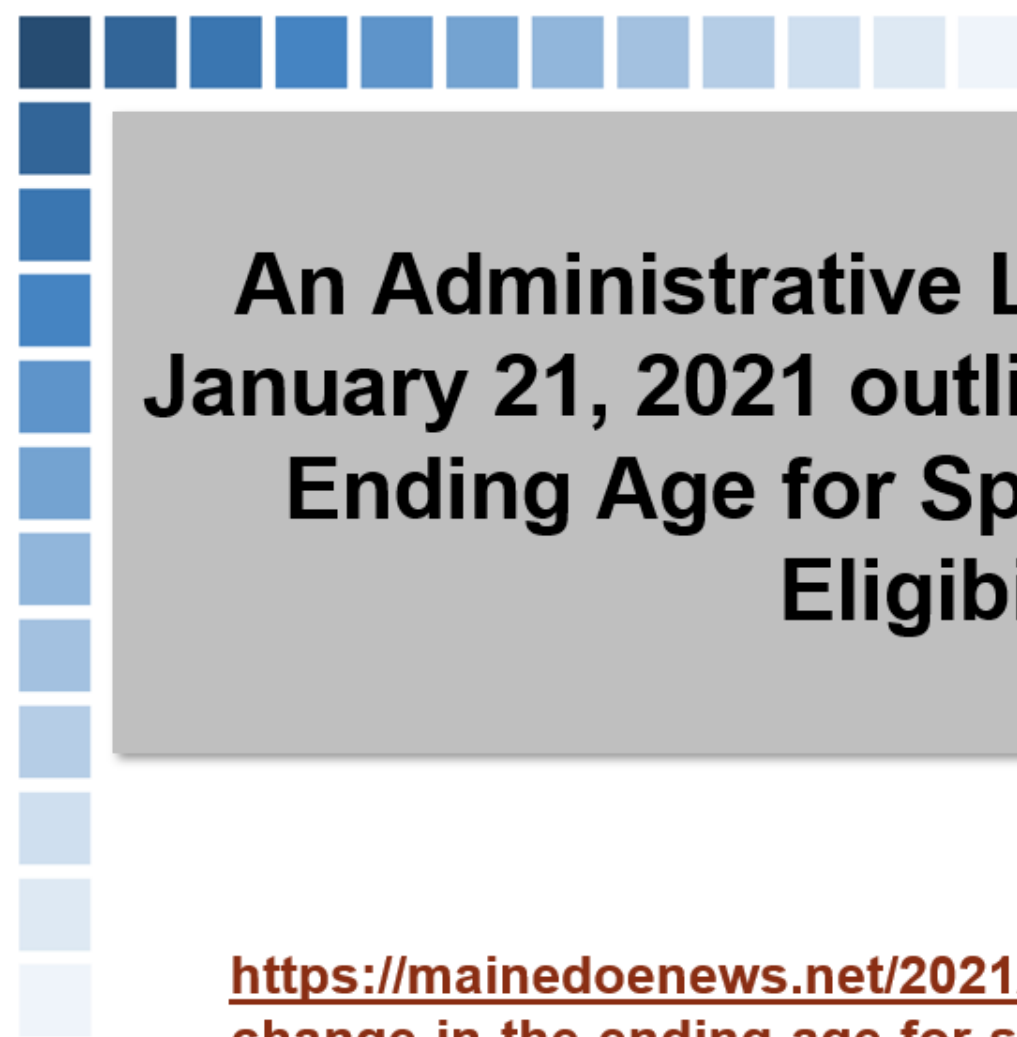
<input type="checkbox"/> Autism	<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Deafness
<input type="checkbox"/> Developmental Delay (3-5)	<input type="checkbox"/> Developmental Delay (Kindergarten)	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Hearing Impairment	<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

### **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 nor reached 20 years of age at the start of the school year;
- 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**

**<https://mainedoenews.net/2021/01/21/administrative-letter-change-in-the-ending-age-for-special-education-eligibility-effective-immediately/>**



# **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.*



## Section 2: Disability

### **Autism** –

Autism means a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age 3, that adversely affects educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

34 CFR 300.8(c)(1)(i-iii)

### **Procedures for Determination**

(All Steps Required)

- Data from general education interventions, if appropriate, utilizing research-based intervention techniques indicate that the response to general education intervention is not adequate.
- Diagnostic impressions will be based upon an evaluation undertaken by a qualified professional who is qualified to make a diagnostic impression under the DSM codes for pervasive developmental disorders.



## Section 2: Disability

### **Deaf-Blindness** –

Deaf-Blindness means a concomitant visual and hearing impairments, the combination of which causes such severe communication, and other developmental and educational needs that he cannot be accommodated in special education programs solely for children with deafness or children with blindness.

34 CFR 300.8(c)(2)

### **Procedures for Determination**

(All Steps Required)

- Deaf-Blindness is a separate eligibility category. These children should not be categorized or counted as multiply disables, unless there is another distinct disability and the team is unable to determine the primary disability.
- Audiological and medical evaluations are utilized as part of the multidisciplinary evaluation in determination of eligibility.



## Section 2: Disability

### **Deafness** –

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects the child's educational performance.

34 CFR 300.8 (c)(3)

### **Procedures for Determination**

#### **(All Steps Required)**

- Audiological and medical evaluations will determine the diagnosis under this criterion.
- Once deafness is diagnosed, further assessments by specialists in the field of deaf education are needed for the IEP Team's determination of adverse effect on educational performance and language acquisition. These additional assessments may be conducted by a Teacher of the Deaf/Hearing Impaired, a speech-language pathologist, or other qualified personnel, as deemed appropriate by the IEP Team.



## Section 2: Disability

### Developmental Delay –

A child with a disability aged 3-5, may, at the discretion of the local educational agency, include a child experiencing developmental delays, as defined below and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development; cognitive development; communication development; social or emotional development; or adaptive development; and who, by reason thereof needs special education and related services.

20 USC 1401 (a)(3)(B)(i-ii)

- The measured delays must be so significant as to adversely affect the child's educational performance or achievement in age-relevant developmentally, and individually appropriate activities such that the child does not achieve or perform at a level commensurate with that of typically developing children of the same age.
- Every effort will be made to identify a child's primary disability under one of the other Part B eligibility criteria, reserving developmental delay for those situations in which a clear determination cannot be made under any other category.



# Section 2: Disability

## DD – Procedures for Determination

(All Steps Required)

- A developmental delay will be determined through the use of standardized measures intended to examine all five areas of development, and administered by a qualified individual with formal training in professional standards of the assessment of young children.
- Criteria for identifying significant delays are scores of at least 1.5 standard deviations below the mean in at least two of the five listed domains or 2 standard deviations below the mean in one of the five listed domains.
- The composite standard score of the overall domain will be used to determine a standard deviation below the mean in a developmental area.
- The identification of a young child with a developmental delay will include consideration of an observation of the child in the learning environment or an environment appropriate for a child of that age, to document educational performance and behavior in the areas of difficulty. The observation will be done by a certified special education personnel, other than the child's current provider.
- The IEP Team will determine if the child's delay adversely affects the child's educational performance.



## Section 2: Disability

### **Emotional Disturbance –**

Emotional Disturbance means a condition which exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child's educational performance:

- (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (c) Inappropriate types of behaviors or feelings under normal circumstances;
- (d) A general pervasive mood of unhappiness or depression;
- (e) A tendency to develop physical symptoms or fears associated with personal or school problems.

### **Procedures for Determination**

#### (All Steps Required)

- Data from general education interventions. If appropriate, utilizing research based intervention techniques indicate that the response to general education intervention is not adequate.
- Evaluation will be done by qualified personnel who is qualified to make a diagnostic impression under the DSM codes.



## Section 2: Disability

### **Hearing Impairment** –

Hearing impairment means an impairment in hearing whether permanent or fluctuating, that adversely affects the child's educational-performance but who is not included under the definition of deafness in *Section VII.(2)(C) of this rule*.

34 CFR 300.8(c)(5)

### **Procedures for Determination**

(All Steps Required)

- An audiological and a medical evaluation are to be utilized as part of the multidisciplinary determination of eligibility under this criterion.
- The IEP Team will determine if the impairment adversely affects the child's educational performance.



## Section 2: Disability

### **Intellectual Disability –**

Intellectual Disability means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behaviors and manifested during the developmental period that adversely affect the child's educational performance.

34 CFR 300.8(c)(6)

### **Procedures for Determination**

(All Steps Required)

- Diagnostic impression will be based upon an evaluation completed by a professional who is qualified to make a diagnostic impression under current DSM codes, as part of the multidisciplinary evaluation.
- The IEP Team will determine if the impairment adversely affects the child's educational performance.



## Section 2: Disability

### **Multiple Disabilities** –

Multiple Disabilities means concomitant impairments the combination of which causes such severe educational needs that the child cannot be accommodated in special educational programs solely for one of the impairments. The term does not include children who have deaf-blindness.

34 CFR 300.8(c)(7)

### **Procedures for Determination**

(All Steps Required)

- A child under this category will have a diagnostic report which specifically articulates the distinct documented disabilities-the combination of which causes such severe educational needs that the child cannot be accommodated in special education programs solely for one impairment. The disabilities are concomitant.
- If the IEP Team is unable to determine a primary disability and the conditions under (a) are met, the child should be categorized as a child with multiple disabilities.



## Section 2: Disability

- If a child qualifies as Multiple Disability,
  - you must identify the ***concomitant*** disabilities
  - disability as identified by those listed in Section 2 (not by diagnosis)
- Multiple Disability Identification (2017-2018):
  - ME-DOE Administrative Letter 14 (May 7, 2018)
    - National Percentage: 2.34%
    - State Percentage: 10.77% (3 states/territories higher)



## Section 2: Disability

### **Orthopedic Impairment –**

Orthopedic Impairment means a severe orthopedic impairment that adversely affects the child's educational performance. The term includes impairments caused by congenital anomaly, impairments caused by disease (e.g. cerebral palsy, amputations and fractures or burns that cause contractions).

34 CFR 300.8(c)(8)

### **Procedures for Determination**

(All Steps Required)

- A referral shall include a diagnosis from a licensed physician as to the existence of an orthopedic impairment, resulting from a congenital anomaly, disease or other condition.
- The IEP Team will determine if the impairment adversely affects the child's educational performance.



## Section 2: Disability

### **Other Health Impairment** –

Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems, such as asthma, attention deficit disorder, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, or sickle cell anemia, Tourette Syndrome and adversely affects the child's educational performance.

34 CFR 300.8(c)(9)



## Section 2: Disability

### OHI – Procedures for Determination

#### (All Steps Required)

- Data from general education interventions, if appropriate, using research based intervention techniques indicate that the response to general education intervention is not adequate.
- The I.E.P Team shall consider any available written diagnoses, and/or educational, psychological or medical evaluation results relevant to the identification process.
- Current diagnostic criteria must have been considered in making the diagnosis or diagnostic impression.
- The I.E.P Team shall review written reports of observations conducted across settings including observations within the educational environment, if the child is participating in an educational environment. These observations must include a comparison of the referred/identified student's behaviors to same-aged peers' behaviors from the same environment.



## Section 2: Disability

### **OHI – Procedures for Determination continued**

#### **(All Steps Required)**

- When considering eligibility due to an attention deficit hyperactivity disorder, diagnostic impressions of ADHD must be based on a multi-method and multi-informant assessment process conducted across multiple environments including the educational setting for children participating in an educational setting. Methods for ADHD assessment must include at least the following:
  - ✓ psychosocial history
  - ✓ clinical interviews
  - ✓ structured observations of the child's behavior in the educational setting.
  - ✓ Behavior rating scales measuring features of attention, hyperactivity and impulsivity across multiple settings including the educational setting; and
  - ✓ Measure that rule out other disorders that may manifest with similar symptoms.
- A child with a medical condition listed under Other Health Impairment may also be eligible under another category if he or she meets the criteria for that other category and needs special education and related services. All children who have one or more conditions listed under Other Health impairment are not necessarily eligible to receive special education services under IDEA.



## Section 2: Disability

### Procedures for Determination

#### (All Steps Required)

### Speech or Language Impairment –

Speech or language impairment means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects the child's educational performance.

34 CFR 300.8(c)(11)

- Data from general education interventions, if appropriate, utilizing research based intervention techniques indicate that the response to intervention is not adequate.
- For assessments that provide standard scores, the criteria for determining disability will be in the moderate to severe range for the child's age as determined by the rating scale.
- For assessments that do not provide standard scores, criteria for a moderate to severe disability must be met by the quantifiable measure as determined by the rating scales.
- For clinical observations documenting the effect of communication on educational performance in evaluation reports, the criteria for meeting a moderate to severe disability must be detailed by the examiner as determined by the rating scales.
- Evaluation data shall be entered into a rating scale by the IEP Team which measures a moderate to severe level of speech or language impairment in all levels of assessment.
- Diagnosis will be by a licensed or certified professional who is qualified to make a diagnosis under this criteria.



## Section 2: Disability

### **Specific Learning Disability** –

Specific Learning Disability 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 an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. Specific learning disabilities does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of intellectual disability, of emotional disturbance or environmental, cultural or economic disadvantage.

34 CFR 300.8(c)(10)



## Section 2: Disability

### **SLD – Procedures for Determination**

- Evidence from multiple viable and reliable sources demonstrates that the child does not achieve adequately for the child's age or State approved grade level standards in oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, mathematical problem solving; and
- The child exhibits 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 group to be relevant to the identification of a specific learning disability, using appropriate assessments.



## Section 2: Disability

### **SLD – Procedures for Determination continued**

- To determine a pattern of strengths and weaknesses, the IEP Team must consider the following:
  - data collected when using a process based on the child's response to scientific, research-based intervention; including general education interventions;
  - Classroom performance data;
  - Achievement data based on summative assessments, State assessments or scientifically-based assessments;
  - Psychological processing data from standardized measures to identify contributing factors: and
- The group determines that its findings are not primarily the result of
  - Visual, hearing or motor disability
  - Intellectual disability
  - Emotional disturbance
  - Cultural factors
  - Environmental or economic disadvantage or
  - Limited English proficiency



## Section 2: Disability

### Traumatic Brain Injury –

Traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment or both that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgement, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

### Procedures for Determination

#### (All Steps Required)

- Evaluation will be done by qualified personnel who are qualified to make the diagnosis
- The IEP Team will determine if the impairment adversely affects the child's educational performance.

34 CFR 300.8(c)(12)



## Section 2: Disability

### **Visual Impairment Including Blindness** –

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects the child's educational performance. The term includes both partial sight and blindness.

34 CFR 300.8(c)(13)

### **Procedures for Determination**

(All Steps Required)

- A child displays a visual impairment when a visual impairment or progressive vision loss has been diagnosed by a licensed, qualified optometrist or ophthalmologist, and the diagnostic report indicates that the child displays a visual impairment.

# Chat Box Check In





## 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. Speech or Language Impairment Eligibility Form
  - b. Specific Learning Disability Eligibility Form
  - c. Form for Determination of Adverse Effect on Educational Performance



## 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.

# 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:	

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 type="checkbox"/>	<input type="checkbox"/>
Verification:			

# Adverse Effect on Educational Performance

2. Do standard or percentile scores on nationally-normed, group-administered achievement test(s), including nationally-normed, curriculum-based measures, demonstrate adverse effect?  Verification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>
3. Do any reports prepared by the SAU or presented by the parent/guardian that reflect academic or functional performance document adverse effect?  Verification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>
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?  Verification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>
5. Do criterion-referenced assessments of academic or functional performance demonstrate adverse effect?  Verification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>
6. Do child work products, language samples, or portfolios demonstrate adverse effect?  Verification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>
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?  Verification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>
8. Do the child's attendance patterns demonstrate adverse effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>

# Adverse Effect on Educational Performance

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

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

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

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:

**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"/>
---------------------------------	--------------------------------

**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.

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.

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.

# Speech or Language Impairment Eligibility 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:	School Phone:	
Parent/Guardian Name:			School Address:	
Parent/Guardian Address:			City, State Zip:	
Parent/Guardian City, State Zip:			School Contact:	

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).**

1. Does the child exhibit an <b>articulation impairment</b> based on the articulation severity rating scale?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Verification:		
2. Does the child exhibit a <b>language impairment</b> based on the language severity rating scale?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Verification:		
3. Does the child exhibit a <b>fluency impairment</b> based on the fluency severity rating scale?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Verification:		
4. Does the child exhibit a <b>voice impairment</b> based on the voice severity rating scale?	YES <input type="checkbox"/>	NO <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 Eligibility Form

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

YES

NO

☐☐

6. Does the child's **speech or language impairment** adversely affect his/her educational performance?

YES

NO

☐☐

Verification:

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.

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"]:

☐

a. the child requires special education.

☐

b. it can be adequately addressed through general education interventions and/or accommodations.

Verification:

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.

# Speech or Language Impairment Eligibility Form




## 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.

☐ 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.

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

# Speech or Language Impairment Eligibility Form

 <b>Speech or Language Impairment Eligibility Form/Severity Rating Scales</b>				
<b>Language Severity Rating Scale</b>				
<p><b>Language impairment:</b> 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.</p>				
<input type="checkbox"/> No language assessment needed.		To find the presence of an impairment, ratings in <b>Standardized Assessments</b> and <b>Informal Assessments</b> <u>MUST</u> fall within the moderate or severe category.		
<b>Standardized Assessments</b>	<input type="checkbox"/> <b>No apparent problem</b> • A composite standard score <1.0 standard deviation below the mean. • Language quotient or standard score of ≥86. • ≥17 <sup>th</sup> percentile.	<input type="checkbox"/> <b>Mild</b> • A composite standard score of 1.0 to 1.4 standard deviations below the mean. • Language quotient or standard score of 78-85. • 8-16 <sup>th</sup> percentile.	<input type="checkbox"/> <b>Moderate</b> • A composite standard score of 1.5 to 2 standard deviations below the mean. • Language quotient or standard score of 71-77. • 3-7 <sup>th</sup> percentile.	<input type="checkbox"/> <b>Severe</b> • A composite standard score of >2 standard deviations below the mean. • Language quotient or standard score at or <70. • ≤2 <sup>nd</sup> percentile.
	<input type="checkbox"/> <b>No apparent problem</b> The child's language skills are within his/her expected language performance range on an informal assessment instrument.	<input type="checkbox"/> <b>Mild</b> Informal assessment indicates a language deficit.	<input type="checkbox"/> <b>Moderate</b> Informal assessment indicates a language deficit that usually interferes with communication.	<input type="checkbox"/> <b>Severe</b> Informal assessment indicates the pupil has limited functional language skills. Communication is an effort. Child is nonverbal and cognitive ability has not been ascertained.
<b>Informal Assessments</b> • Criterion referenced • Language or speech samples • Structured observation				

# Speech or Language Impairment Eligibility 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.

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

# Speech or Language Impairment Eligibility 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.

<input type="checkbox"/> No voice assessment needed.	To find the presence of an impairment, ratings in <b>Description of Voice</b> and <b>Informal Assessments</b> <u>MUST</u> fall within the moderate or severe category.
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	<input type="checkbox"/> <b>No apparent problem</b>	<input type="checkbox"/> <b>Mild</b>	<input type="checkbox"/> <b>Moderate</b>	<input type="checkbox"/> <b>Severe</b>
<b>Description of Voice</b>	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.
	<input type="checkbox"/> <b>No apparent problem</b>	<input type="checkbox"/> <b>Mild</b>	<input type="checkbox"/> <b>Moderate</b>	<input type="checkbox"/> <b>Severe</b>
<b>Informal Assessments</b>		Voice difference including hoarseness, hypernasality, hyponasality, pitch 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, pitch or intensity is significantly inappropriate for the child's age. Voice difference is of concern to a physician.	Voice difference including hoarseness, hypernasality, hyponasality, pitch or intensity is distinctly abnormal for the child's age. Voice difference is of concern to a physician.

# Specific Learning Disability Eligibility 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.

### Part A: Qualifying Considerations

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)(i)).

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:

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# Specific Learning Disability Eligibility Form

Child's Name:	Date:				
<b>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))</b>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Verification: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
In making this determination, the Team must: <ul style="list-style-type: none"> <li>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)); <b>and</b></li> <li>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.</li> </ul>					
If the answer to Question 2 is <b>YES</b> , 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 <b>NO</b> , provide information supporting that determination in the area marked "Verification" and proceed to Question 3.					
<b>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."</b>					
<b>a. Visual, hearing or motor disability (MUSER VII.2.L(2)(a)(iii)(aa))</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Verification: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
<b>b. Intellectual disability (MUSER VII.2.L(2)(a)(iii)(bb))</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Verification: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
<b>c. Emotional disturbance (MUSER VII.2.L(2)(a)(iii)(cc))</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Verification: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
<b>d. Environmental, cultural or economic disadvantage and/or limited English proficiency (MUSER VII.2.L(2)(a)(iii)(dd)-(ff))</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
Verification: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
If the answer to any sub-part of Question 3 is <b>YES</b> , 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 <b>NO</b> , proceed to question 4.					

# Specific Learning Disability Eligibility Form

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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))		
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))		

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.

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)(v))

NOTES:

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

NOTES:

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7. Are the evaluations utilized valid and reliable assessments and performed by qualified individuals? (MUSER V.2.C(1)(c)(d))

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

If NO, provide verification:

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Final Revision: Effective 08/25/2017      Specific Learning Disability Form      Page 3

# Specific Learning Disabilities



Maine  
Department of  
Education

# Eligibility Forms –

## Remember

### **Summary of Performance –**

- Make sure there are no Blank Boxes/Areas
- Section I and Section II must include data

### **Specific Learning Disability Eligibility Form –**

- Make sure there are no Blank Boxes/Areas
- Verification must include data
- Include Strengths and Weaknesses
- Team Members must sign the document
- Document conversation/completion of form in Written Notice if appropriate

### **Speech/Language Eligibility Criteria –**

- Document the criteria that documents adverse impact
- Verification must include data
- Document and Include all Severity Rating Scales
- Document conversation/completion of form in Written Notice if appropriate

### **Form for Determination of Adverse Effect on Educational Performance –**

- Make sure there are no Blank Boxes/Areas
- Document Reason for Use of Form
- N/A means Not Available
- Verification must include data
- Document conversation/completion of form in Written Notice if appropriate

# Chat Box Check In



# Special Education Tasks

Task	Timeline
Advanced Written Notice	Sent to parents <b>at least 7 days prior</b> to scheduled IEP Meeting (MUSER VI.2.A, pg. 57)
Waiver of 7-day Notice for an IEP Meeting	<b>Must sign</b> here on AWN whenever the IEP meeting is held <b>less than 7 days</b> from when notice was provided (MUSER XIX.2, pg. 214; Procedural Manual pg. 5)
Annual IEP Review	Held <b>within 364 days</b> from the previous year's annual IEP meeting (MUSER IX.3.D(1)(a), pg. 102; Procedural Manual pg. 15)
Date of Reevaluation	<b>3 years</b> from the date of the IEP meeting of initial or previous evaluations were viewed (MUSER V.1.B(2)(b), pg. 44; Procedural Manual pg. 15)
Written Notice	<b>At least 7 days prior</b> to the date upon which the SAU takes any proposed action or refuses to act (34CFR 300.503; MUSER XV, pg. 220; Procedural Manual pg. 88)
Seven Day Waiver	<b>Must be documented in Section 1 of the WN</b> , a parent's decision to <b>waive their right to Written Notice (WN) 7 days prior</b> to any proposed or refused action being taken by the SAU (MUSER XIX.2.D, pg. 215; Procedural Manual pg. 61)

# Special Education Tasks

Task	Timeline
Evaluations-Copy to Parents	A copy of the evaluation report must be provided to the parent <b>at least 3 days prior to the IEP Team Meeting</b> at which the evaluation will be discussed (MUSER VI.2.A, pg. 57)
Evaluations-Completion	<b>Public schools</b> -evaluations must be <b>completed within 45 school days</b> of receiving parental consent <b>CDS</b> -evaluations must be <b>completed within 60 calendar days</b> (MUSER V.1.A(3)(a)(i), pg. 40)
IEP-Copy to Parents	A copy of the IEP must be given to the parents <b>within 21 school days</b> of the IEP Team Meeting (MUSER VI.2.H(6), pg. 67; Procedural Safeguards pg. 14)
Post-Secondary Transition Plan	When a child is in <b>9<sup>th</sup> grade, but no later than when the child is 16</b> , whichever comes first (MUSER VI.C(3)(b), pg. 63; Procedural Safeguards pg. 38)
Transition from CDS to Public School	CDS will set up joint <b>IEP Team Meetings in the spring (April 1<sup>st</sup>-June 15<sup>th</sup>)</b> for children entering public school kindergarten in the fall (MUSER VI.C(2)(a), pg. 61-62)
Summary of Performance (SOP)	Must be completed during the <b>final year of a child's high school education</b> (34 CFR 300.305(e)(3); MUSER V.3.F(2)(B), pg. 50; Procedural Safeguards pg. 82)

# Special Education Tasks

Task	Timeline
Procedural Safeguards	Must be given <b>upon initial referral</b> for evaluation <b>and one time per school year</b> (34 CFR 300.504; MUSER XV, pg. 219)
Consent to Evaluate-Initial Evaluations	The IEP Team will review data, with or without a meeting, and determine the need for additional evaluations. A consent to evaluate form must be <b>sent within 15 school days</b> , of the receipt of referral (MUSER IV.2.E, pg. 23)



# Commonly Asked Questions –

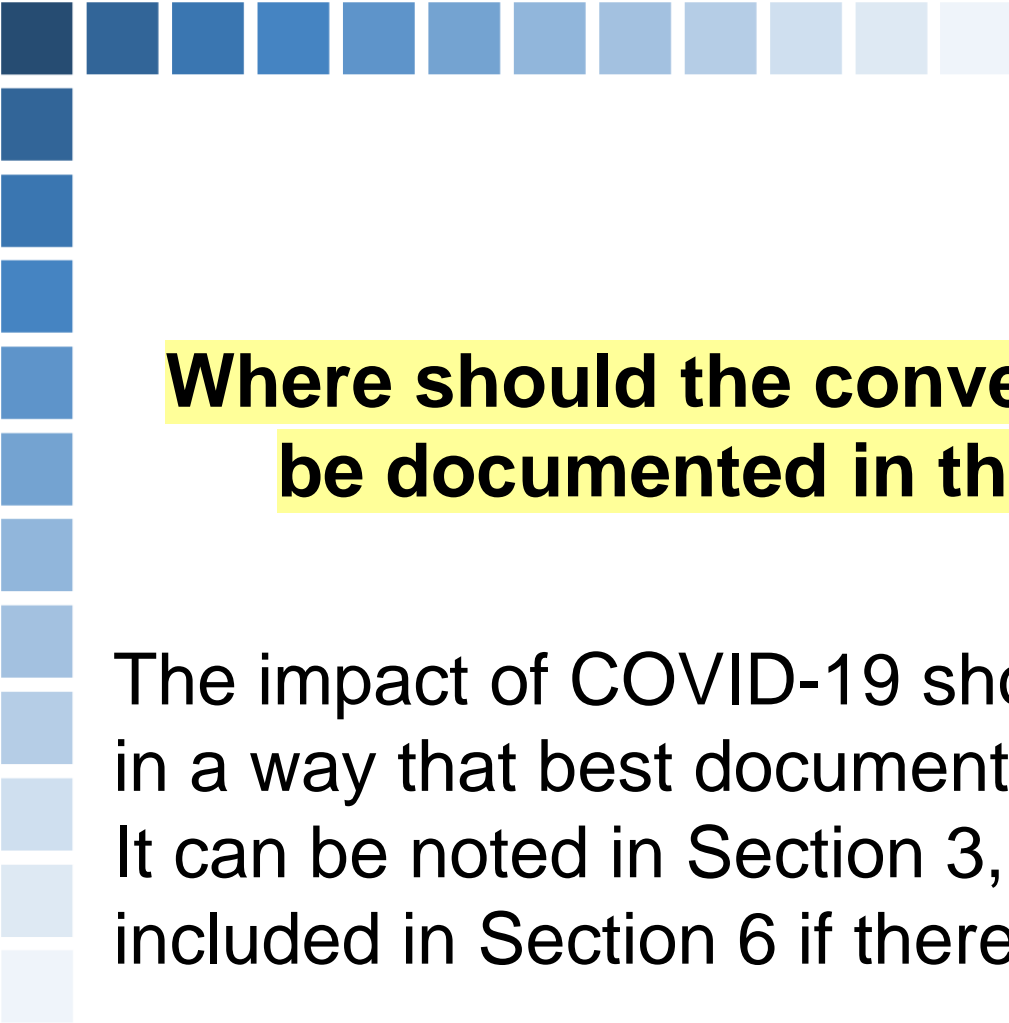


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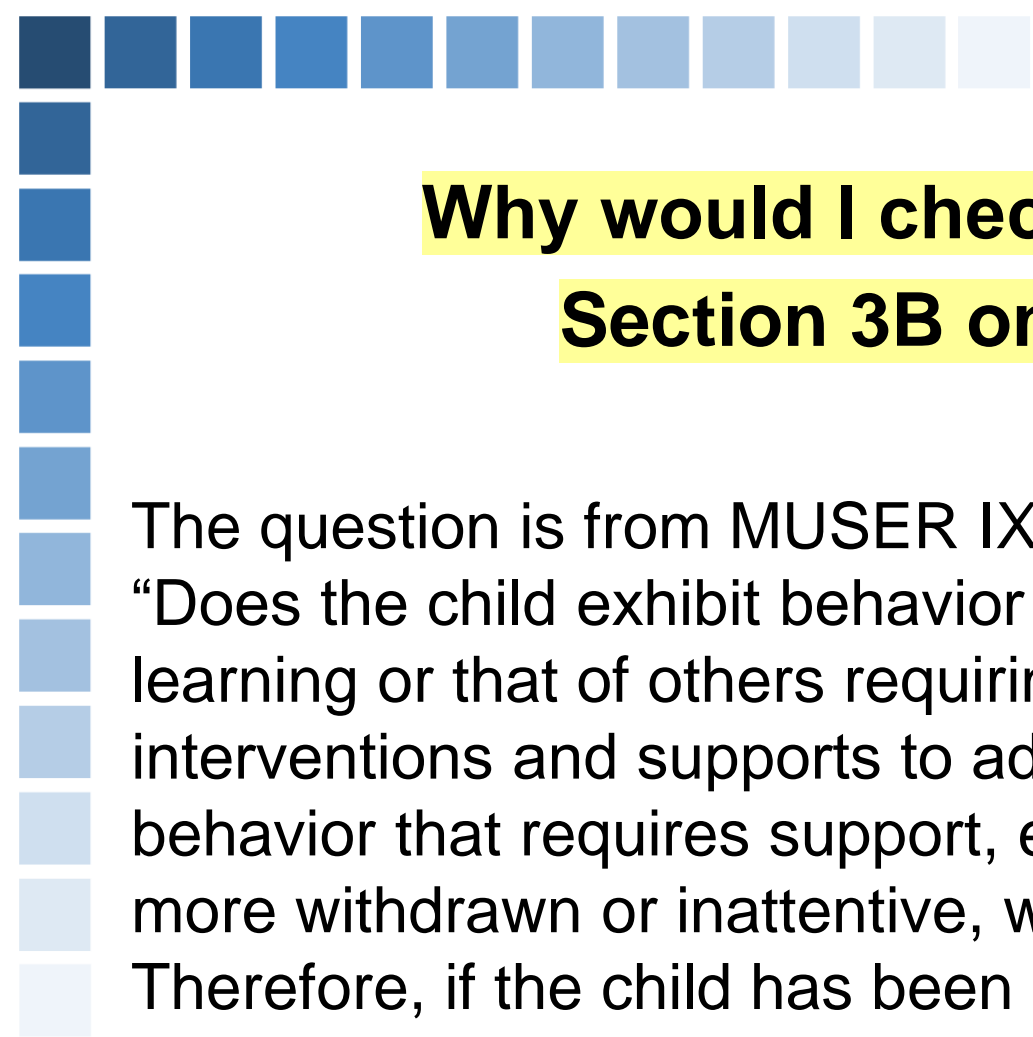
## **Do the words “Least Restrictive Environment” need to appear in the Written Notice?**

No, but there needs to be clear documentation that LRE for the child was discussed at every IEP Team Meeting.



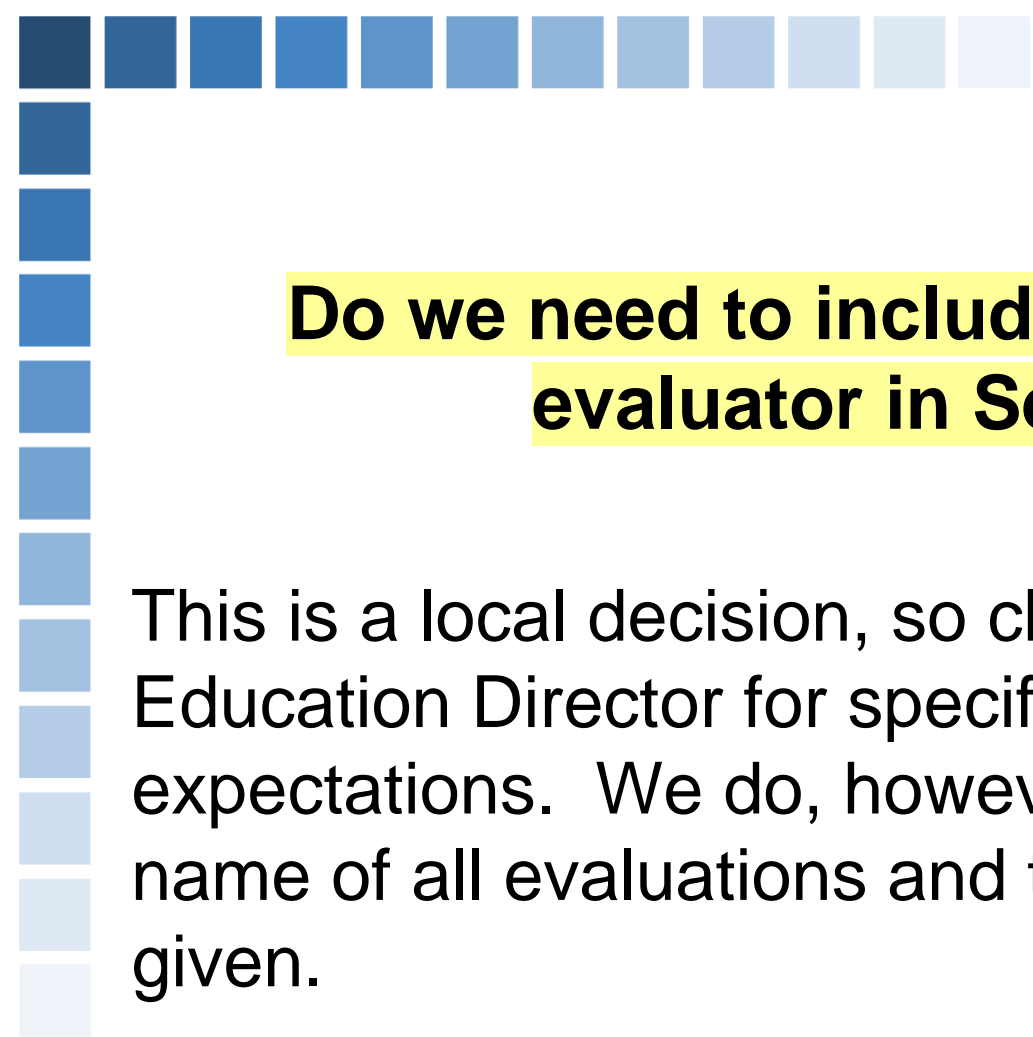
## **Where should the conversation of COVID-19 be documented in the Written Notice?**

The impact of COVID-19 should be noted in the WN in a way that best documents the team discussion. It can be noted in Section 3, 4 or 5, and could be included in Section 6 if there are Parent Concerns.



## **Why would I check off “yes” in Section 3B on the IEP?**

The question is from MUSER IX.3.C.(2)(a), and asks, “Does the child exhibit behavior that impedes the child’s learning or that of others requiring positive behavioral interventions and supports to address the behavior?” Any behavior that requires support, even those that present as more withdrawn or inattentive, would require interventions. Therefore, if the child has been identified as Other Health Impaired due to ADD/ADHD, our guidance would be to check “yes” to address the functional behavior programming that would address those skill deficits.



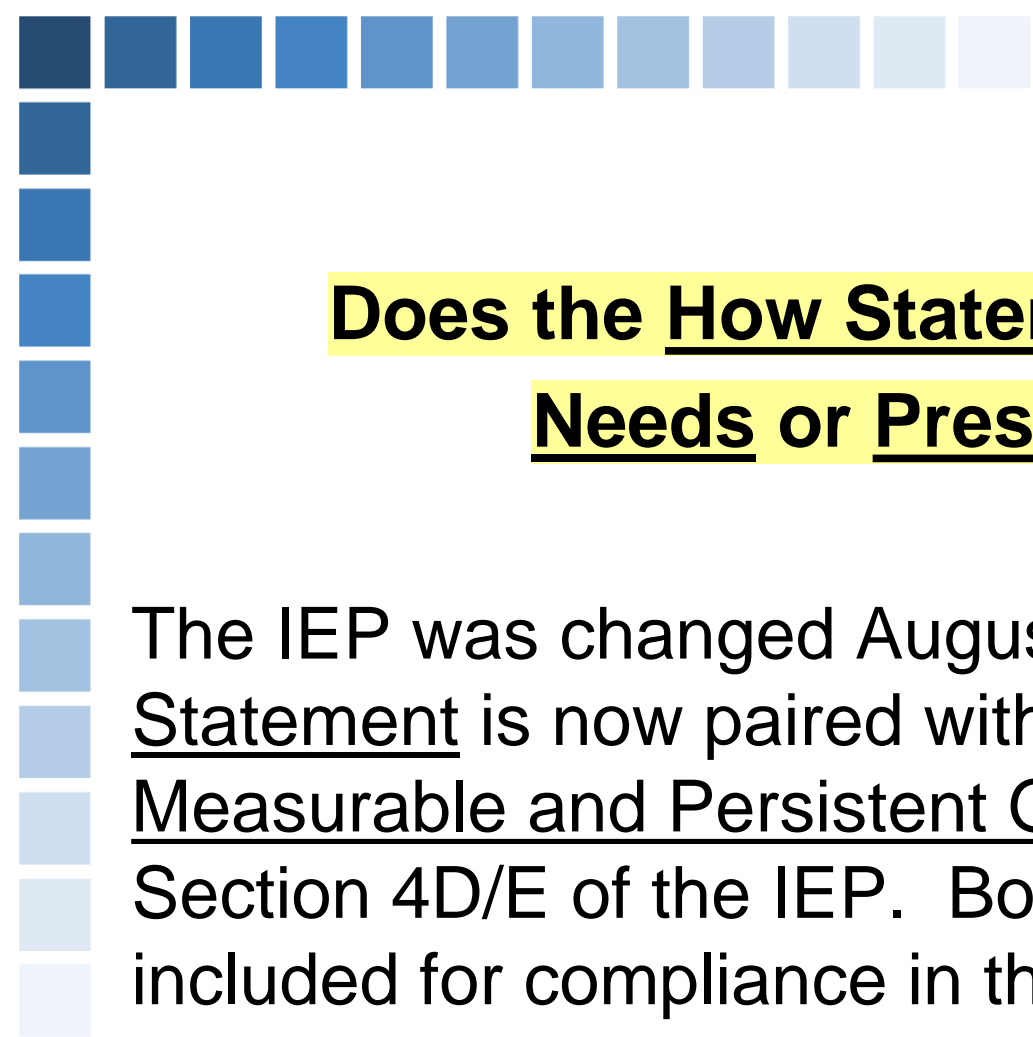
## **Do we need to include the name of the evaluator in Section 4A?**

This is a local decision, so check with your Special Education Director for specific guidance about their expectations. We do, however, need to see the name of all evaluations and the dates they were given.



## **Why are Listening and Speaking considered Academic skills?**

Listening and Speaking, as related to Academics, are the skills that are necessary for the child to interact with material at grade level. The Maine Learning Results do include Listening and Speaking standards and state that, “Besides having intrinsic value as modes of communication, listening and speaking are necessary prerequisites of reading and writing.” (Fromkin, Rodman, & Hyams, 2006; Hult, Howard, & Fahey, 2010; Pence & Justice, 2007; Stuart, Wright, Grigor, & Howey, 2002).



## Does the How Statement go into the Needs or Present Level?

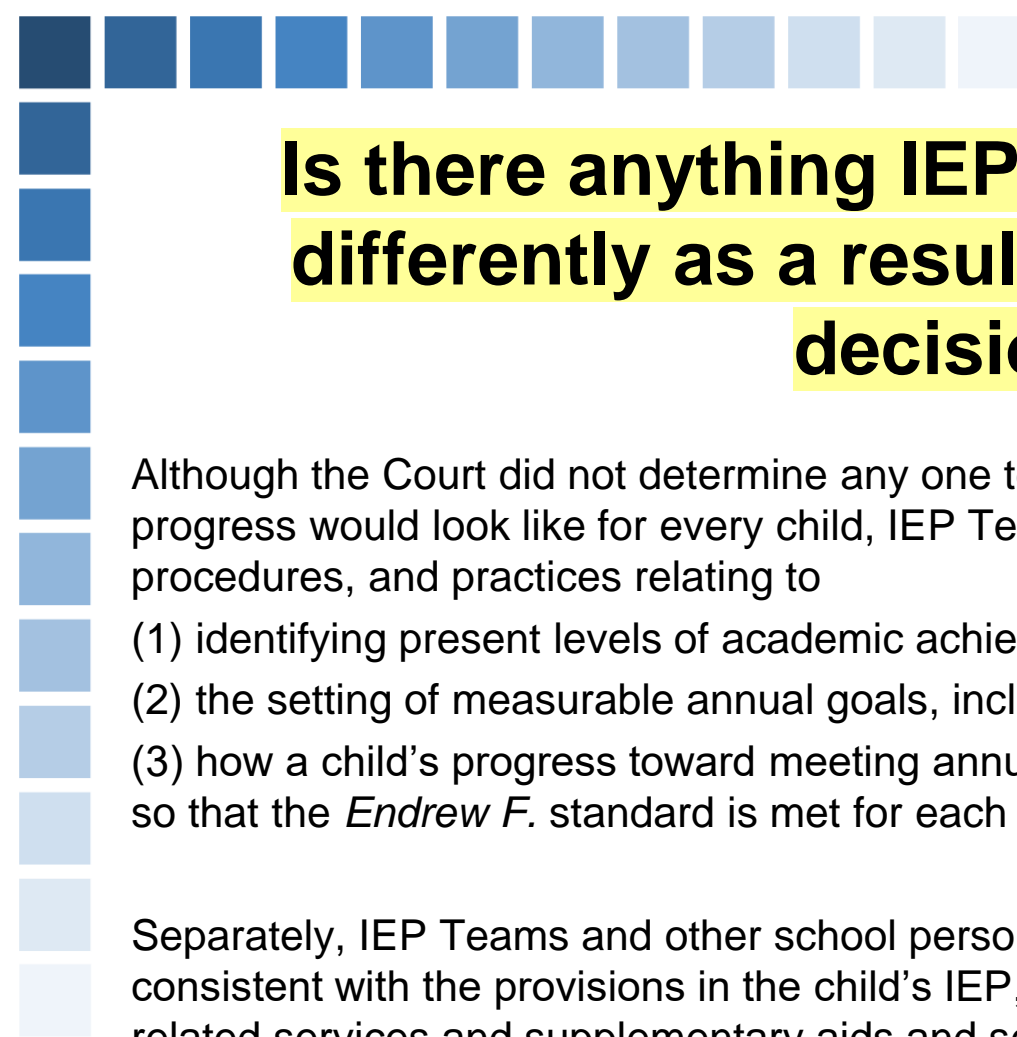
The IEP was changed August 2019. The How Statement is now paired with the Distinctly Measurable and Persistent Gaps in Section 4C and Section 4D/E of the IEP. Both components must be included for compliance in this area.



## Why is it important to consider attainable, yet challenging IEP goals for students?

On March 22, 2017, the Supreme Court stated that *“to meet its substantive obligation under IDEA, a school must offer an IEP that is reasonably calculated to enable a child to make progress appropriate in light of the child’s circumstances.”*

This consideration of this is crucial in the development and carry over of present level, goals and progress.




# Is there anything IEP Teams should do differently as a result of the *Endrew F.* decision?

Although the Court did not determine any one test for determining what appropriate progress would look like for every child, IEP Teams must implement policies, procedures, and practices relating to

- (1) identifying present levels of academic achievement and functional performance;
- (2) the setting of measurable annual goals, including academic and functional goals; and
- (3) how a child's progress toward meeting annual goals will be measured and reported, so that the *Endrew F.* standard is met for each individual child with a disability.

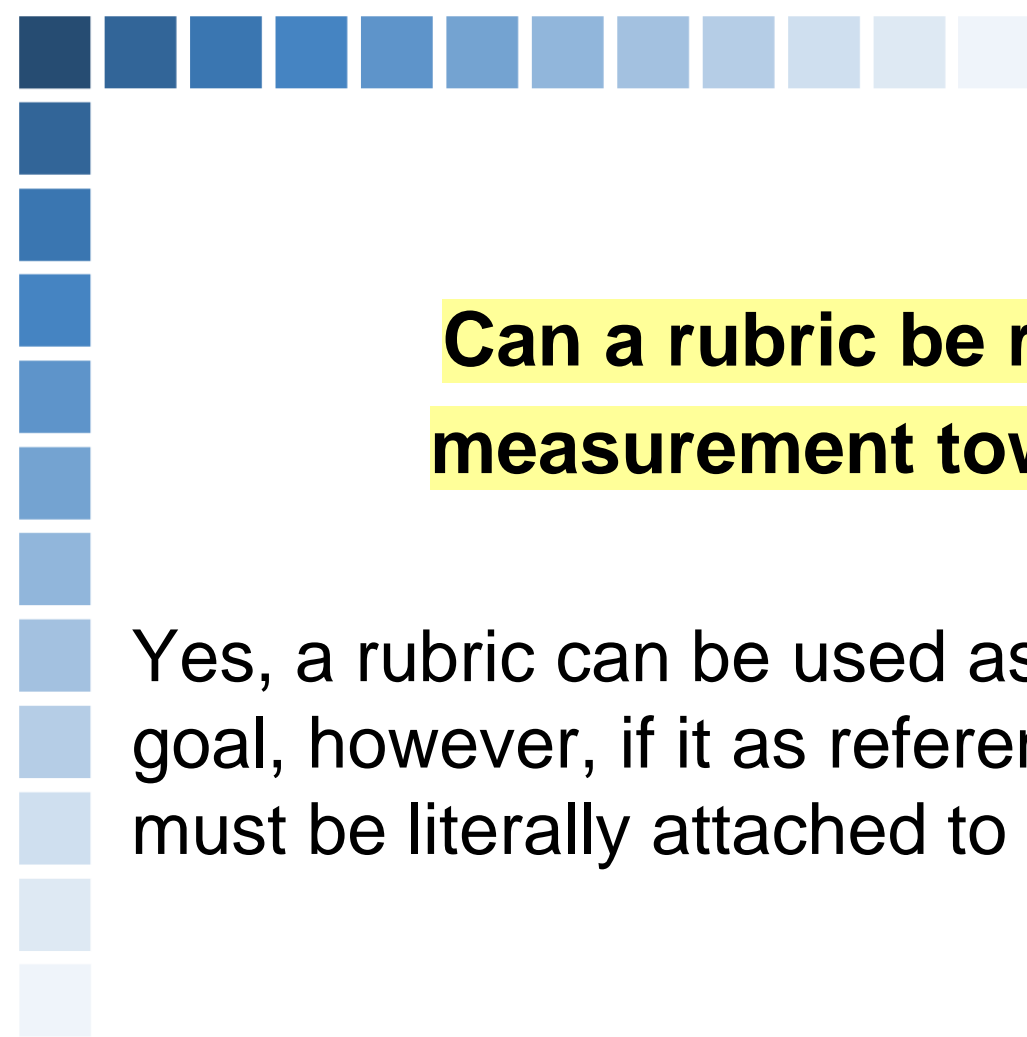
Separately, IEP Teams and other school personnel should be able to demonstrate that, consistent with the provisions in the child's IEP, they are providing special education and related services and supplementary aids and services; making program modifications; providing supports for school personnel; and allowing for appropriate accommodations that are reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances and enable the child to have the chance to meet challenging objectives.

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-endrewcase-12-07-2017.pdf>



## **Does Academic Present Level need to include data points?**

Yes, Academic Present Level must include clear data. Avoid statements like “Child often struggles with...” or “Child sometimes has difficulty with...” or “Child appears to...”.



## **Can a rubric be referenced as measurement towards a goal?**

Yes, a rubric can be used as measurement for a goal, however, if it is referenced, the rubric itself must be literally attached to the IEP itself.



## **Can I include multiple skills in one goal?**

No, you cannot clearly report on the goal if there are multiple skills included.



## **Can accommodations be included in a goal?**

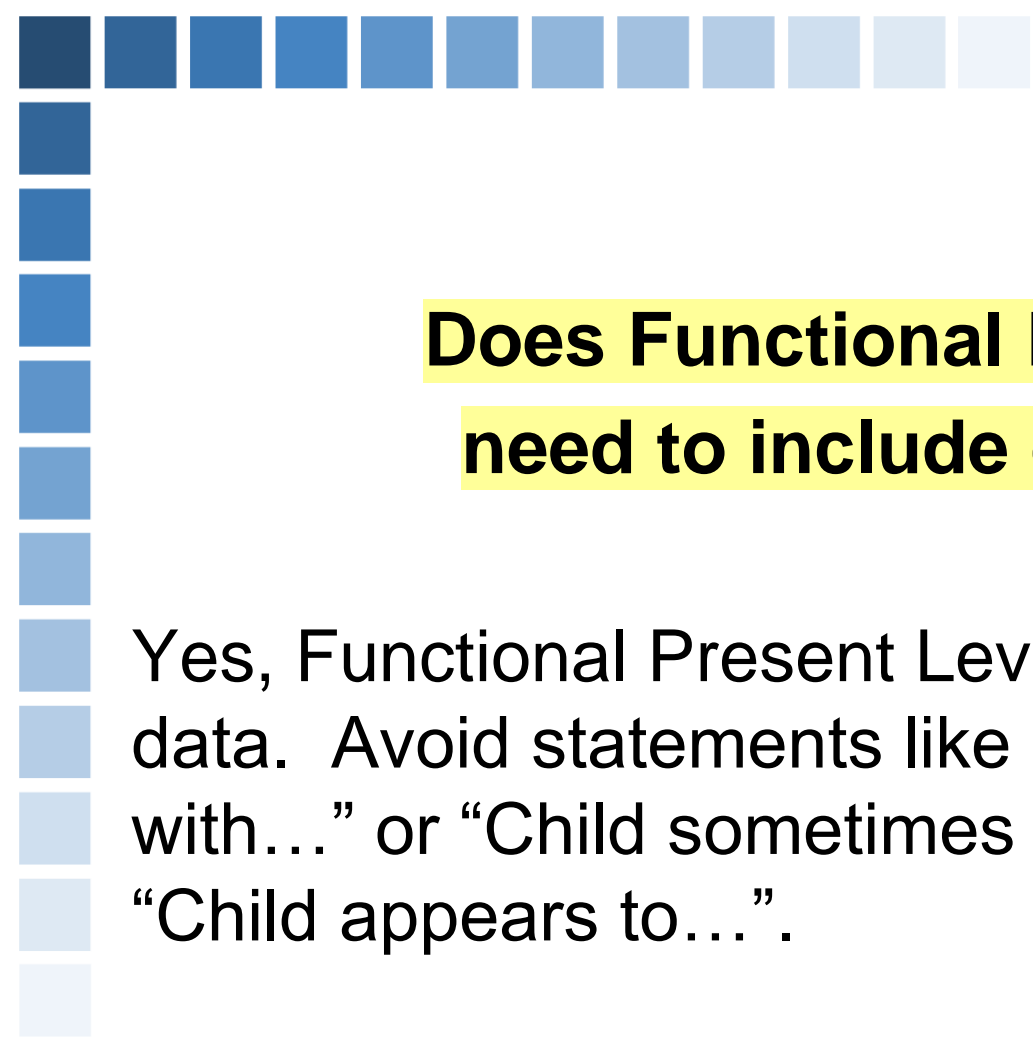
Yes, you can choose to include the accommodations in a goal, however, there must be a service listed to address the skill deficit identified in the goal. The service must then also be documented in Section 7.

Every goal needs a service AND every service needs a goal. Make sure there is alignment back and forth between goals/service and service/goals.



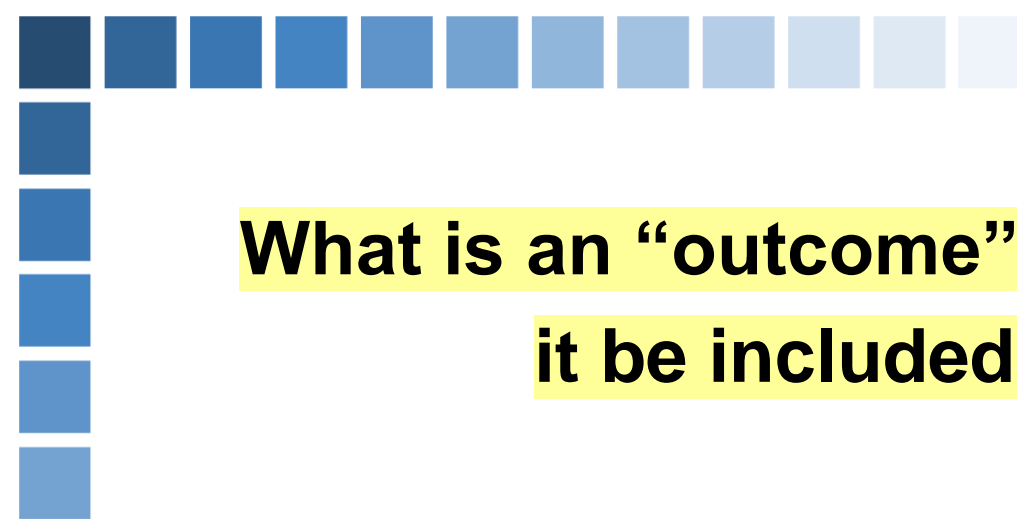
## **Can I use specific curriculum as measurement towards a goal?**

No, specific curriculums and programs should not be referenced as measurement in a goal. Our guidance would be to identify the measurable components that directly align to the skill deficits referenced in the goal. (ie. Reading Fluency, Math Fluency, Spelling, etc.)



## **Does Functional Present Level need to include data points?**

Yes, Functional Present Level must include clear data. Avoid statements like “Child often struggles with...” or “Child sometimes has difficulty with...” or “Child appears to...”.



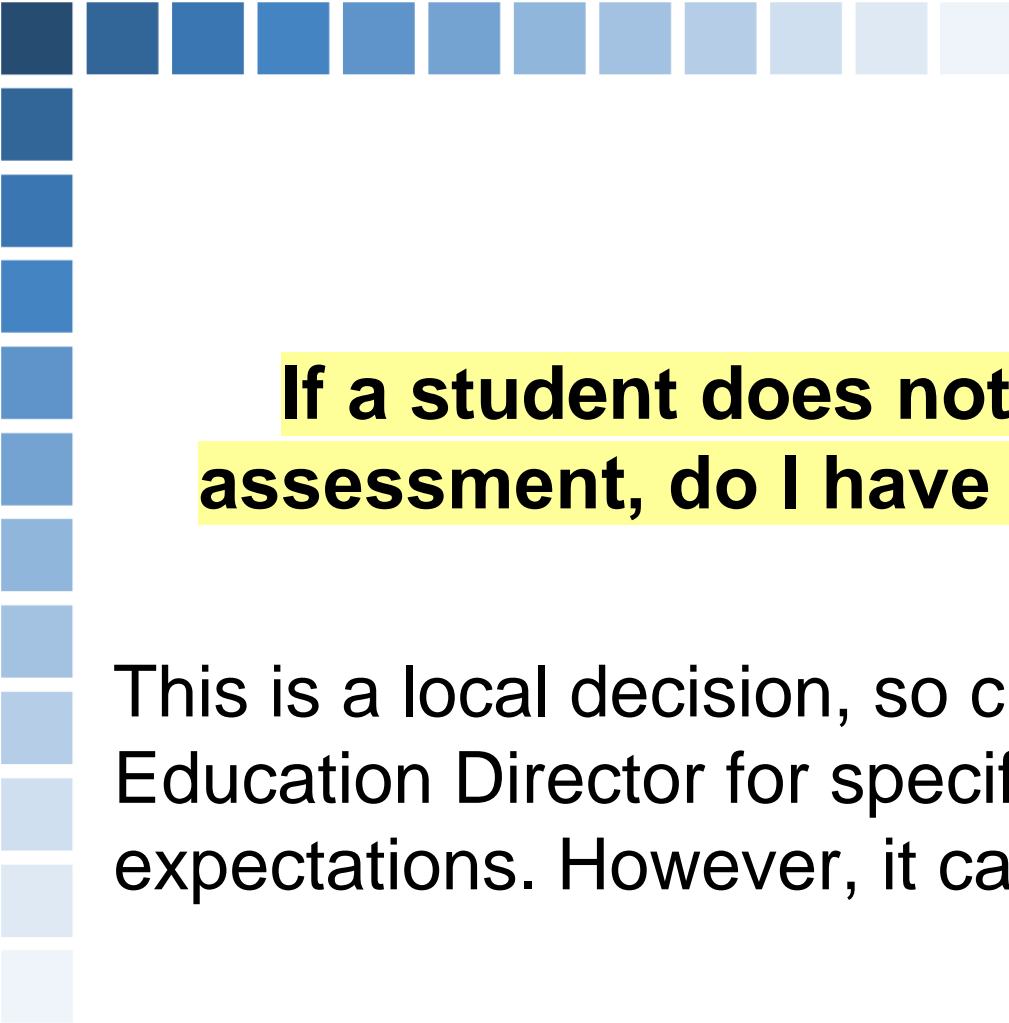
## **What is an “outcome” and why shouldn’t it be included as a goal?**

An outcome is an age-appropriate expectation and includes those skills we want to all children to exhibit. Examples include, self-regulation, attendance, work completion, reduced aggression or similar. Goals should be written to address those specific skill deficits that interfere with the child’s ability to reach the outcomes that we expect for all children.



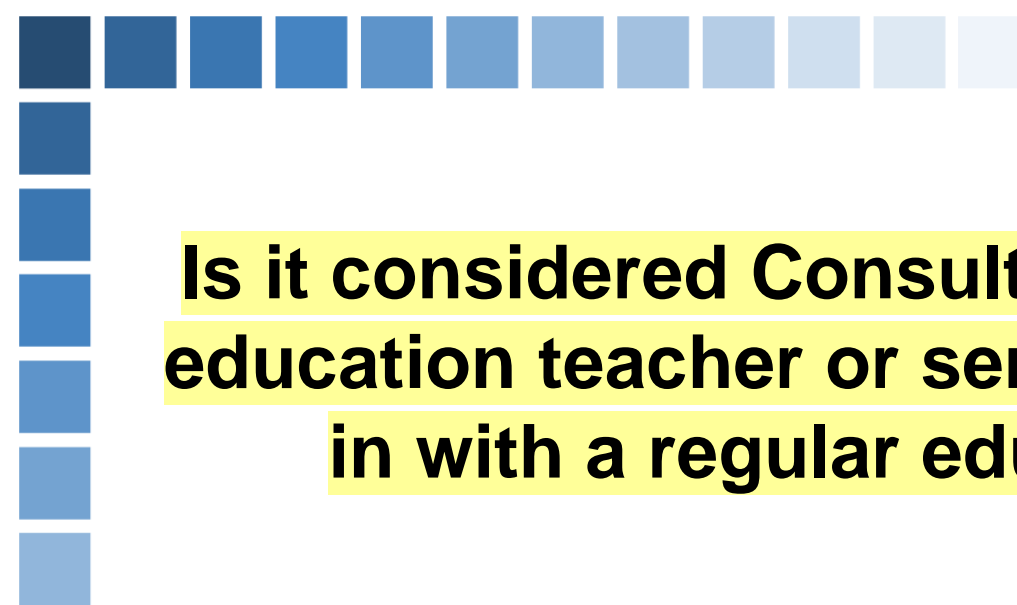
## **How do I document an accommodation if I'm not sure how often it will be needed?**

All boxes in Section 6 must be filled in. It is appropriate to document “As Needed” in Frequency if necessary.



**If a student does not require alternate assessment, do I have check “no” or N/A?**

This is a local decision, so check with your Special Education Director for specific guidance about their expectations. However, it cannot be left blank.

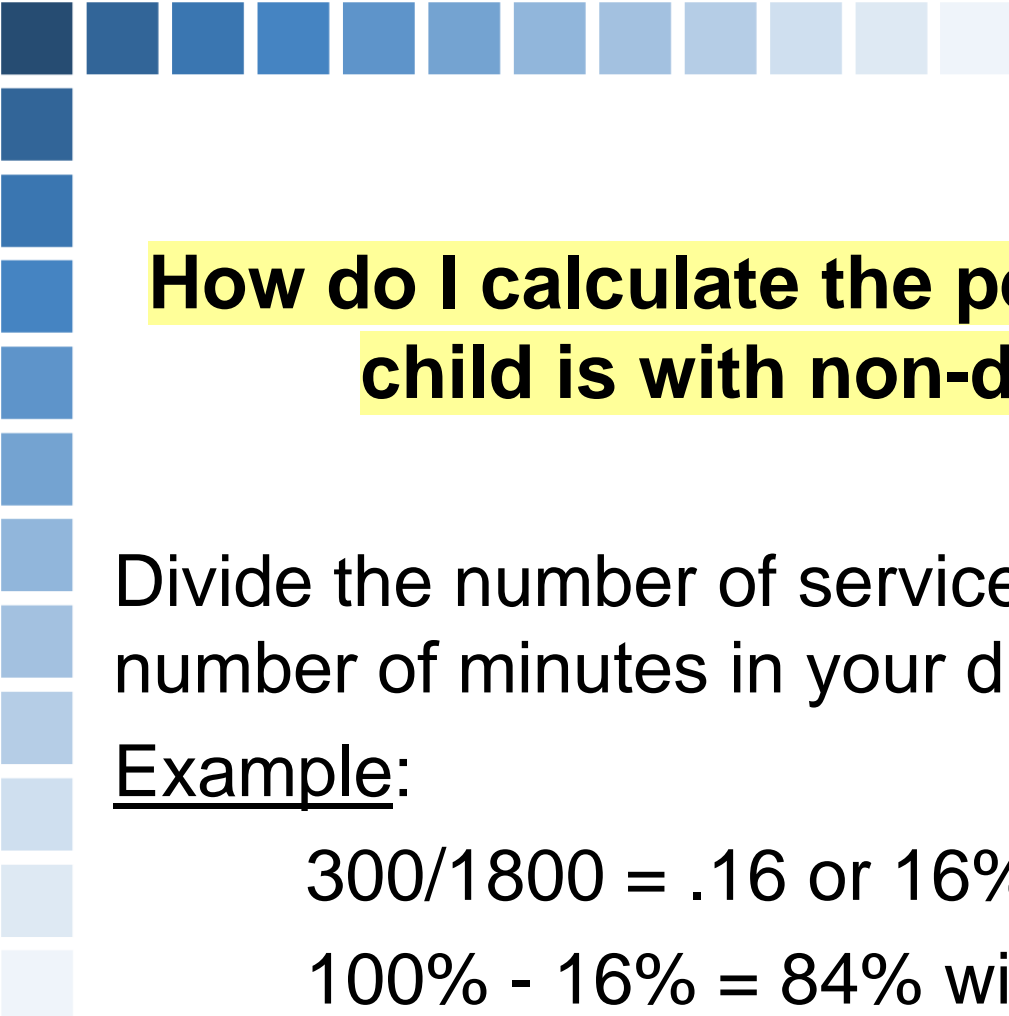


## **Is it considered Consultation when a special education teacher or service provider checks in with a regular education teacher?**

Consultation is specific to student goals and should be documented in the goal itself.

“Given consultation, child will...” or “Given specially designed instruction and consultation child will...”

Teacher to teacher check-in is an accommodation and should be documented in Section 6.



## How do I calculate the percentage of time the child is with non-disabled peers?

Divide the number of service delivery minutes by the number of minutes in your district's school week.

Example:

$$300/1800 = .16 \text{ or } 16\%$$

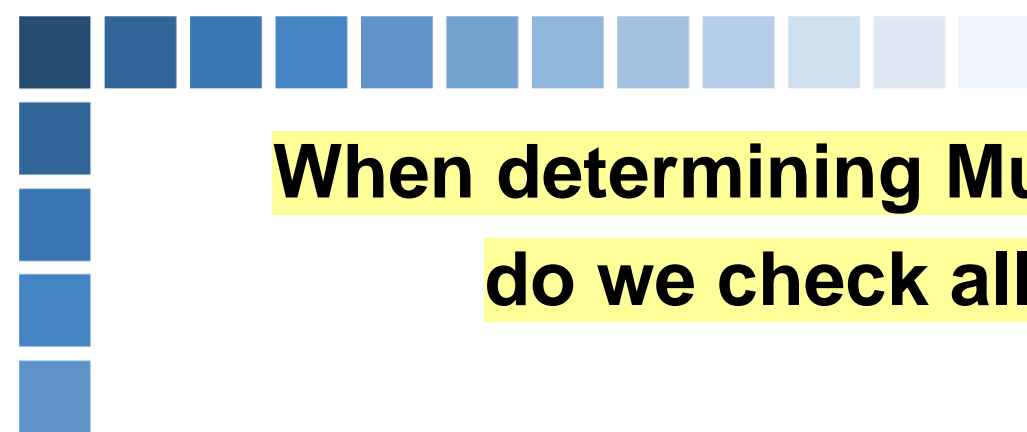
$$100\% - 16\% = 84\% \text{ with non-disabled peers}$$



## How is the annual date of the IEP different from the duration of the IEP?

Maine Unified Special Education Regulations (MUSER) states “*To review, at least annually...*”. The annual date is the date when the IEP meeting was held and will run for 364 days. Therefore, the IEP Team must reconvene an IEP meeting within 364 days.

The duration date reflects the life of the IEP itself, and also runs for 364 days.



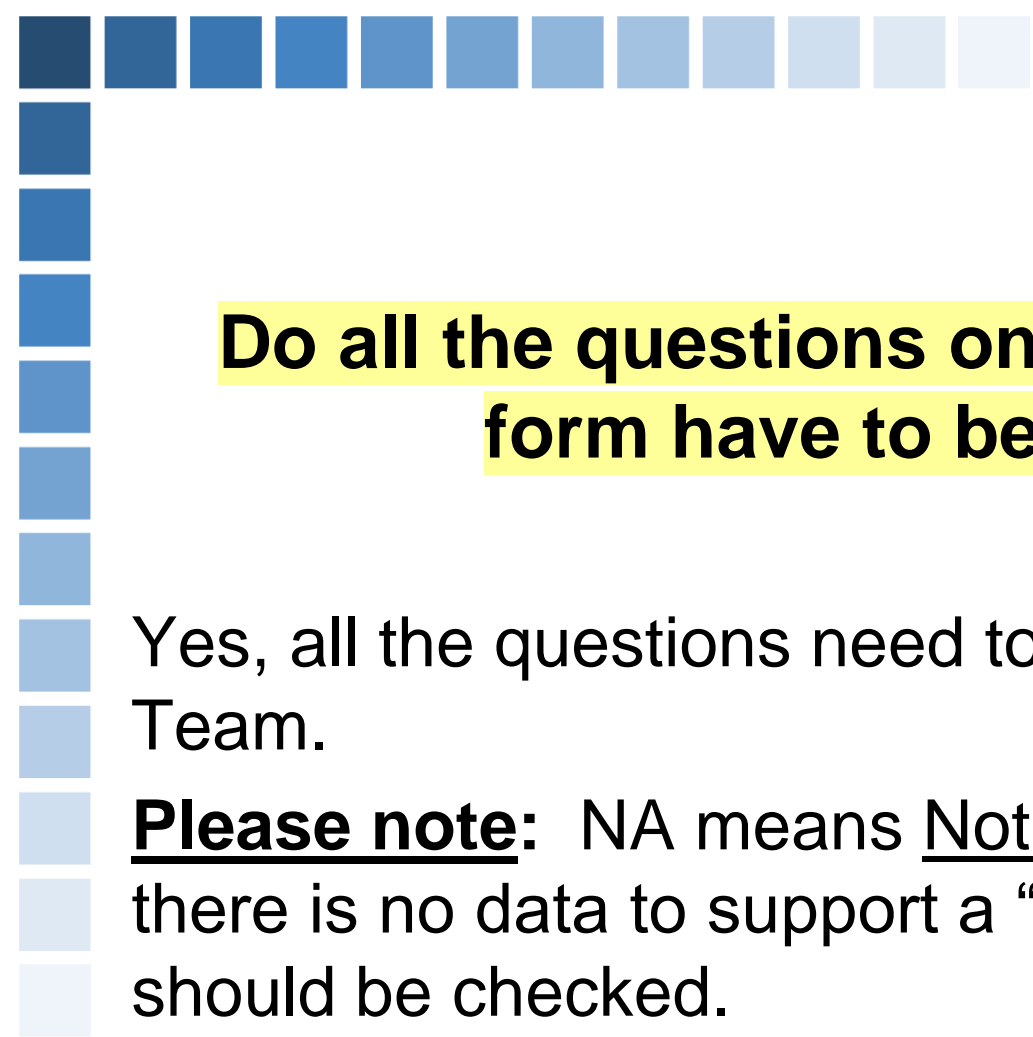
## When determining Multiple Disabilities, do we check all that apply?

Yes, on Section 2 of the IEP, check all that apply.

MUSER states, “Multiple Disabilities means concomitant impairments the combination of which causes such severe educational needs that the child cannot be accommodated in special educational programs solely for one of the impairments.” Therefore, the IEP Team must discuss and agree on which disability categories are impacting the educational environment for the child.

Please note, a child may have a need for service in multiple areas, but this does not necessarily mean they should be identified as Multiple.

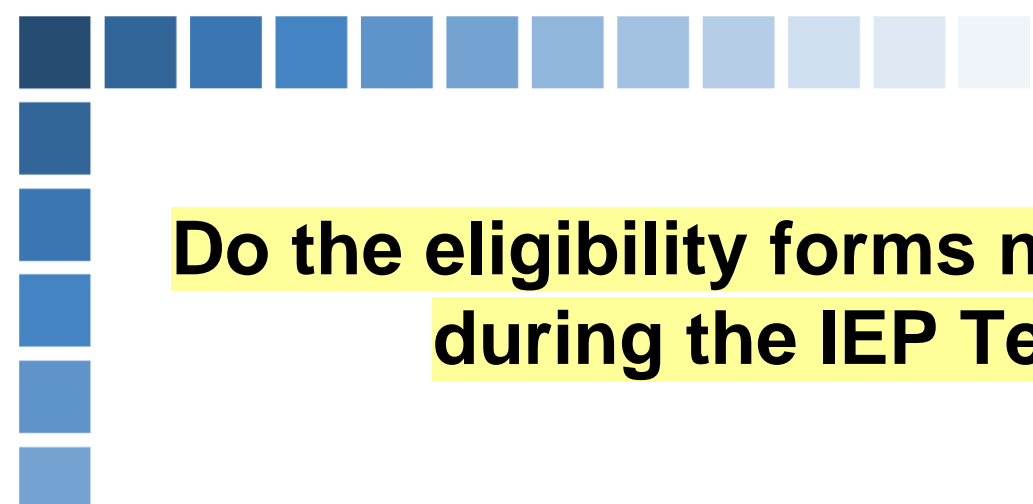
Consider the following: a child identified with Autism may require Speech/Language services, but the speech/language delays are most likely are characteristic of autism, and are therefore not concomitant.



## 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.

# Questions?



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# 2022-2023 Office Hours

<u>Date</u>	<u>Topic</u>	<u>Date</u>	<u>Topic</u>
9/14/22	IEP Quick Reference Sheet	2/8/23	Transition Plans and Extended Eligibility Options
9/28/22	Eligibility – Evaluations, Eligibility Forms, Multiple Disabilities	2/15/23	Multi-Lingual Learner Document
10/12/22	Alignment – Evaluations, Needs/How, Present Level, Goals, Services, LRE	3/8/23	Written Notice
10/26/22	Distinctly Measurable Persistent Academic and Functional Skills/How Statement	3/22/23	Federal Indicators – B4, B9, B10,
11/9/22	Measurable Goals (Avoiding Outcomes)	4/12/23	Summary of Performance Document
12/14/22	Supplementary Aids, Services, Modifications and Supports – Including Consultation and LRE	4/26/23	Abbreviated Day
12/22/21	Disability Alignment – DIB1	5/10/23	Orientation and Mobility
1/11/23	Transition from CDS to Public School	5/24/23	Data Collection
1/25/23	Alternate Assessment Process		



# **Resources**

**Professional Development Calendar –**

**<https://www.maine.gov/doe/calendar>**

**Link for Recordings and Power Points –**

**<https://www.maine.gov/doe/learning/specialed/covid19/Administrators/Virtual%20Meeting%20Archives>**

**Special Education Resources –**

**<https://www.maine.gov/doe/learning/specialed/resources>**

**Special Education Laws and Regulations –**

**<https://www.maine.gov/doe/learning/specialed/laws>**

**Special Education Forms and Reporting –**

**<https://www.maine.gov/doe/learning/specialed/data>**



**Contact hour(s) certificate will be emailed.**

**If you are watching this as a recording,  
please email:**

**[karlie.l.thibodeau@maine.gov](mailto:karlie.l.thibodeau@maine.gov)**

*123 Certificates*

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**thank  
you!**



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