



# Regional Programs: General Supervision and Monitoring

Office of Special Services and Inclusive Education  
Monitoring and Support Team

Updated 6/27/23

# The Monitoring Team:

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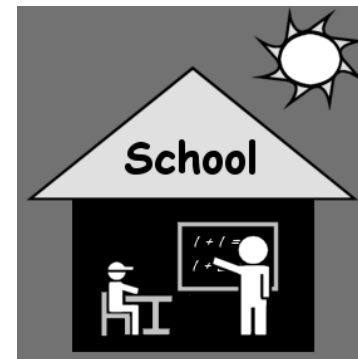
# Regional Program Monitoring

- The Monitoring Process for Regional Programs leads to school approval.
- After the Letter of Correction is issued, a school approval letter is issued by the Commissioner.
- IEPs are looked at through the Monitoring of the member SAUs.

# Regional Programs

There are currently 6 Regional Programs in Maine:

- Bangor Regional Multiple Handicap Program: K-12
- Bangor Regional Therapeutic Day Program: K-12
- Compass Behavior Support Program: Damariscotta, K-8
- Pathways Educational Center Program: Damariscotta, K-8
- Western Maine Regional Program for Students
  - With Disabilities:
    1. South Paris K-12
    2. New Suncook Elementary 3-7
- Western Foothills Regional Program K-12



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# Special Education Program Approval for Regional Programs

	Criteria	Reference	Evidence	Approval Status	Required Features
1	Two or more SAUs provide regional special education programs and support services	20-A MRSA § 7253  20-A MRSA § 7253(2)(A)  20-A MRSA § 7253 (3)(C)  20-A MRSA § 7253 (3)(A)  20-A MRSA § 7204 (4)(D)	Current, signed cooperative <b>Agreement</b> that identifies: <ul style="list-style-type: none"> <li>• Participating SAUs</li> <li>• SAU operating as the fiscal agent</li> <li>• Terms of entering/withdrawal</li> <li>• Program objectives/functions</li> <li>• Location of program and <u>owner</u> of building(s) used by program</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Special Education Program Approval for Regional Programs

1a	The <u>general</u> program approval criteria (listed under <b>Evidence</b> )	<p>20-A MRSA § 7253 (3)(D) 20-A MRSA § 7204(4)</p> <p>20-A MRSA § 7253 (3)(E)</p>	<ul style="list-style-type: none"> <li>• Program administration including identification of <u>employer(s)</u> of all program staff</li> </ul> <p><b>Agreement or Plan</b> addresses:</p> <ul style="list-style-type: none"> <li>• Admission requirements</li> <li>• Staff qualification/certification</li> <li>• Plan of instruction</li> <li>• Adequacy of facilities</li> <li>• Adequacy of support services</li> <li>• Professional supervision</li> <li>• Teacher-student ratio</li> <li>• Parent/community participation</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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# Special Education Program Approval for Regional Programs

3	Admission requirements	20-A MRSA § 7204(4)(A)	<b>Plan</b> describes protocol for admitting students into program through a determination of student needs for specialized instruction/supportive services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure manual that outlines admissions protocol and process for determining individualized student needs for programming
4	Staff qualification or certification; teacher- student ratio	20-A MRSA § 7204(4)(B) 20-A MRSA § 7204(4)(G)  MUSER X,XI, and XVIII	<b>Plan</b> lists all special education staff with last 4 digits of social security numbers, position held, applicable certification/licensure held, and number of students served at one time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certification of School Personnel form <b>[form provided]</b>



# Special Education Program Approval for Regional Programs

5	Plan of instruction	<p>20-A MRSA § 7204(4)(C)          20-A MRSA § 7253 (3)(A)          20-A MRSA § 6209          20-A MRSA § 5021-A (2) (A-E)</p> <p>MU  <a href="#">SER IX.3.A.(1)(b)(i)</a></p>	<p><b>Plan</b> includes:</p> <ul style="list-style-type: none"> <li>• Copy of the written curriculum aligned with the revised <i>Maine Learning Results</i></li> <li>• Description of assessment</li> <li>• Description of access to extracurricular activities</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Plan is consistent with objectives and functions of the program outlined in the Agreement</p> <p>Plan identifies the member SAU's curriculum and assessment practices that are used</p> <p>Plan describes how students will have access to extracurricular activities</p>
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# Special Education Program Approval for Regional Programs

6	Adequacy of supportive services	20-A MRSA § 7204(4)(E)  MUSER IX.3.A.1(d)	<b>Plan</b> includes an account of related service ( <u>including transportation</u> ) hours determined by student needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed related services grid <b>[form provided]</b>
7	Professional supervision	20-A MRSA § 7204(4)(F)	<b>Plan</b> includes a statement of assurance that program administrators are on site	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan describes how staff supervision is provided throughout the defined school

day and during extracurricular activities

# Special Education Program Approval for Regional Programs

8	Funding (including tuition rates, if tuition is used)	<p>20-A MRSA § 7302 MUSER XVIII(2)</p> <p>20-A MRSA § 7253(4)</p>	<p><b>Plan</b> includes :</p> <ul style="list-style-type: none"> <li>• Statement of assurance that, if tuition is used, the tuition rate shall not exceed the actual per student cost incurred in operation of the special education program</li> <li>• Statement of assurance that the regional program is supported by funds included in the special education appropriations of each of the member SAUs</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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# Annual Documentation

- Regional Program Annual Update Form:
  - Emailed to directors by Jennifer Gleason
  - Directors note any changes in staffing, programming, location, or other and send back to Jennifer.



## Regional Program Annual Update Form

Regional Program Name: \_\_\_\_\_

Regional Program Director (2019-2020): \_\_\_\_\_

### Updates in Staffing (leave blank if n/a)

Name	Title/Position	Status
		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Other
		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Other
		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Other
		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Other
		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Other
		<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Other

### Updates in Programming (leave blank if n/a)

Type of Program	Justification	Status
		<input type="checkbox"/> New <input type="checkbox"/> No longer

# General Supervision and Monitoring

- Regional Programs are monitored every 4 years.
- Monitoring involves a desk audit and a site visit.
- The Regional Program's fiscal agent receives a Letter of Instruction detailing the process.

Regional Program Fiscal Agent (i.e. Special Education Director and/or Superintendent)

District

Street

Town, State Zip Code

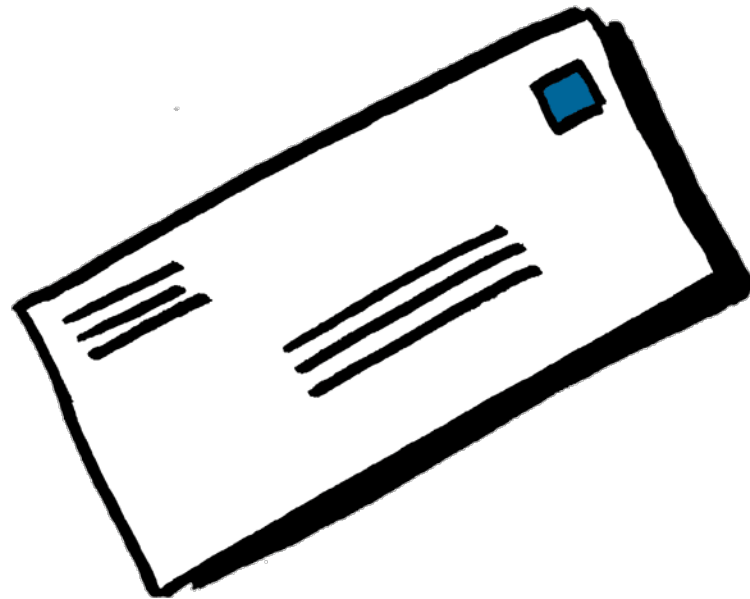
Dear XXXXXXXXX,

The purpose of this letter is to inform you that your Regional Program will be reviewed as part of the General Supervision System for the 2019-2020 school year as outlined in the August 25, 2017 version of Maine's unified Special Education Regulations (MUSER).

The Maine Department of Education (Maine DOE) is required under federal law to monitor special education programs and services for students with disabilities as described under Section 616 of the 2004 Amendments to the Individuals with Disabilities Education Act (IDEA). The purpose of this letter is to outline the components of the review.

# AUDIT PLANNING

- OSEP Requirement (Memo 09-02)
- Based on August 25, 2017 MUSER



# Desk Audit

- Explanation of the process
  - Related Services Grid:
    - Emailed to directors in April by a member of the monitoring team
    - Related service Providers document a 5 week period between April 25 and the end of the school year.
    - Documents are submitted to:  
[monitoring.doe@maine.gov](mailto:monitoring.doe@maine.gov)

# Sample Related Service Provider Grid

## Sample Special Education Related Services Grid Regional Programs Approval

This grid is a sample and may be altered in format, but it must show how many related service hours will be delivered in each service area by each provider.

<b>Student Initials</b>	<b>Speech Therapy</b>	<b>Physical Therapy</b>	<b>Occupational Therapy</b>	<b>Social Work Services</b>	<b>Other</b>
Ex. J.D.	30 min/week				
Ex. R.B.	30 min/week			30 min/week	Social skills group 30 min/week
Ex. L.S.		30 min/week			
<b>Total Minutes</b>	60 min/week	30 min/week		30 min/week	30 min/week
Provider	Julie Rivers				



# Site Visit

- The monitoring team will use a Site Visit Checklist during the visit.
- A copy can be found on the General Supervision and monitoring Webpage

**Education**  
**Regional Programs**  
**Student Record Review**

<b>Name of Sending School:</b>	
<b>Name of Student:</b>	

**Student's Record Includes:**

<b>Requirement</b>	<b>Compliance Level</b>	<b>Notes</b>
Written Notice of placement at Regional Program	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
All Written Notices since placement and within at least the last 3 years including Written notice of 30-day review (if within 3 years)	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Individualized Education Program (IEP) in effect at placement (if within 3 years)	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
All IEPs since placement and within at least the last 3 years, including the current IEP	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Transition Plan	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>NA</b>	
Copy of recent evaluation(s)	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

# B-13 Indicator

<u>Remember</u>	<u>Where</u>
Purpose of Meeting	AWN
Child invited to Meeting	AWN
Agency Invited with Parent's PRIOR Consent	AWN/9G
Post-Secondary Goals Updated Annually	WN
Post-Secondary goals age-appropriate assessments	IEP 9D
Measurable Post-Secondary Goals in Education/Training	IEP 9D
Measurable Post-Secondary Goals in Employment	IEP 9D
Measurable Post-Secondary Goals in Independent Living	IEP 9D
Course of Study (4 years)	IEP 9E
Transition Services ( <u>NOT</u> "Child will..." statements)	IEP 9F

# Documents

## Documents to have available during the site visit:

- Written Notice of the placement at the program
- All WNs since placement and within the last 3 years, including WN of 30-day review (if within 3 years)
- IEPs in effect at placement (if within 3 years)
- All IEPs since placement and within at least 3 years, including current IEPs.
- Transition Plans (if applicable)
- Copy of recent evaluation(s)

# After the Site Visit

- The monitoring team will review the related service grids, site visit checklist and issue a post visit letter.
- The post visit letter will detail students with findings and the corrective action necessary.
- Directors will have 1 year to submit documentation of completed corrective action.

# DESK AUDIT

- B-13: Transition Plans
- Accuracy Document
- Fund Authorization Letter(s)
- Certification



# Important

- Evidence can be submitted to:
  - [Monitoring.doe@maine.gov](mailto:Monitoring.doe@maine.gov)



# Resources

**Professional Development Calendar –**

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

**Link for Recordings and Power Points –**

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

**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>**

**Guidance on Required Documentation for Maine Care**

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

# Questions



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