

Maine Unified Special Education Regulations (MUSER IX.3.G.)

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**SAU or CDS Site:**

**Date IEP Sent to Parent:**

1. **CHILD INFORMATION**

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| **Child’s Name:** | **Annual Date of IEP Meeting:** |
| **Date of Birth:** | **Duration of the IEP:** |
| **Age:** | **Grade:**  | **Date of Next Annual IEP Meeting:** |
| **School/Program:** | **Date of Re-Evaluation:** |
| **Parent/Guardian Name:** | **Date(s) of Amended IEP:** |
| **Child’s Address:** | **Case Manager:**  |
| **City, State, ZIP:** |  |
|  |  |
| **State Agency Client?** [ ]  **YES** [ ]  **NO** |  |
|  |  |

1. **DISABILITY**

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| --- | --- | --- |
| [ ]  **Autism** | [ ]  **Deaf-Blindness** | [ ]  **Deafness** |
| [ ]  **Developmental Delay (3-5)** | [ ]  **Developmental Delay (Kindergarten)** | [ ]  **Emotional Disturbance** |
| [ ]  **Hearing Impairment** | [ ]  **Intellectual Disability** | [ ]  **Visual Impairment (including Blindness**) |
| [ ]  **Other Health Impairment** | [ ]  **Orthopedic Impairment** | [ ]  **Speech/Language Impairment** |
| [ ]  **Specific Learning Disability** | [ ]  **Traumatic Brain Injury** | [ ]  **Multiple Disability*****(check all applicable concomitant disabilities)*** |

1. **CONSIDERATIONS – INCLUDING SPECIAL FACTORS**

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| 1. Concerns of the parents for enhancing the education of their child (MUSER IX.3.C.(1)(b)):
 |
| 1. Does the child exhibit behavior that impedes the child’s learning or that of others requiring positive behavioral interventions and supports and other strategies to address the behavior? (MUSER IX.3.C.(2)(a))
 | [ ]  YES [ ]  NO |
| 1. Does the child have limited English proficiency? (MUSER IX.3.C.(2)(b))
 | [ ]  YES [ ]  NO |
| * 1. Does the child have language needs, due to limited English proficiency, which need to be addressed in the IEP?
 | [ ]  YES [ ]  NO |
| 1. If the child is blind or visually impaired, does the child require instruction in Braille and the use of Braille? (MUSER IX.3.C.(2)(c))
 | [ ]  YES [ ]  NO [ ]  NA  |
| 1. Does the child have a print disability that requires accessible educational materials (AEM) to access the curriculum?
 | [ ]  YES [ ]  NO |
| * 1. If yes, what type of accessible educational materials (AEM) does the child require?
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| 1. Does the child have communication needs? (MUSER IX.3.C.(2)(d))
 | [ ]  YES [ ]  NO |
| * 1. Is the child deaf or hard of hearing?
 | [ ]  YES [ ]  NO |
| 1. Does the child need assistive technology devices and services? (MUSER IX.3.C.(2)(e))
 | [ ]  YES [ ]  NO |
| 1. Does the child have academic needs?
 | [ ]  YES [ ]  NO |
| 1. Does the child have functional/developmental needs?
 | [ ]  YES [ ]  NO |
| **POST-SECONDARY TRANSITION** |  |
| 1. Is the child in 9th grade or above **OR** is the child 16 years old or older?
 | [ ]  YES [ ]  NO |
| * 1. If **yes**, Section 9 should be completed before completing the remainder of the IEP.
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1. **ACADEMIC AND FUNCTIONAL/DEVELOPMENTAL EVALUATIONS, STRENGTHS, AND NEEDS** (MUSER IX.3.C.(1))

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| 1. Results of all initial evaluations or most recent evaluations of the child:
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| 1. Beyond the evaluative information in **4A**, what are the academic, functional, and/or developmental **strengths** of the child?
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| 1. Based on evaluative information in **4A**, what are the child’s distinctly measurable and persistent gaps in **academic** **performance**, and **how** do they affect the child’s involvement and progress in the general education curriculum?
 |
| 1. Based on evaluative information in **4A**, what are the child’s distinctly measurable and persistent gaps in **functional performance**, and **how** do they affect the child’s involvement and progress in the general education curriculum?
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| 1. If appropriate, what are the **developmental needs** of the child, and how do they affect the child’s involvement and progress in the general education curriculum?
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| **PROGRESS MONITORING OF ANNUAL IEP GOALS**  |

Progress on goals will be reported ***insert #*** times per academic year, using the following codes (locally determined):

Add the description below of progress codes for annual goal(s):

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

1. **MEASURABLE ANNUAL GOAL(S) (MUSER IX.3.A.(1)(b) & (c))**

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| **ACADEMIC PERFORMANCE (FOR K-12 ONLY)** refers to a child’s ability to perform age appropriate (comparable to same age/grade peers) tasks and demonstrate appropriate skills in *reading, writing, listening, speaking,* and *mathematical problem solving* in the school environment.  |
| **Present Levels of Academic Performance** (MUSER IX.3.A.(1)(a)(i) & (ii)):  |
| **Measurable Goal** (MUSER IX.3.A.(1)(b) & (c)By date, given service, child’s name will skill as measured by evidence. **Objective(s)** required? [ ]  Yes [ ]  NoBy date, given service, child’s name will skill as measured by evidence.  | **Progress:** |
| **Present Levels of Academic Performance** (MUSER IX.3.A.(1)(a)(i) & (ii)):  |
| **Measurable Goal** (MUSER IX.3.A.(1)(b) & (c)By date, given service, child’s name will skill as measured by evidence. **Objective(s)** required? [ ]  Yes [ ]  NoBy date, given service, child’s name will skill as measured by evidence.  | **Progress:** |

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| **FUNCTIONAL/DEVELOPMENTAL PERFORMANCE** refers to how the child is managing daily activities in *cognitive*, *communicative*, *motor*, *adaptive*, *social/emotional* and *sensory areas*. **Developmental performance (ages 3-5)** refers to how the child is performing developmentally (comparable to same age/grade peers) in physical, cognitive, communicative, social, emotional, and/or adaptive areas. |
| **Present Levels of Functional/Developmental Performance** (MUSER IX.3.A.(1)(a)(i) & (ii):  |
| **Measurable Goal** (MUSER IX.3.A.(1)(b) & (c)By date, given service, child’s name will skill as measured by evidence. **Objective(s)** required? [ ]  Yes [ ]  NoBy date, given service, child’s name will skill as measured by evidence.  | **Progress:** |
| **Present Levels of Functional/Developmental Performance** (MUSER IX.3.A.(1)(a)(i) & (ii):  |
| **Measurable Goal** (MUSER IX.3.A.(1)(b) & (c)By date, given service, child’s name will skill as measured by evidence. **Objective(s)** required? [ ]  Yes [ ]  NoBy date, given service, child’s name will skill as measured by evidence.  | **Progress:** |

1. **SUPPLEMENTARY AIDS, SERVICES, MODIFICATIONS, AND/OR SUPPORTS** (MUSER IX.3.A.(1)(d) & (g))

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| In addition to ongoing classroom supports and services, supplemental aids, and modifications, include 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 and classroom assessments (MUSER IX.3.A.(1)(f)(i)).  |
| 1. **Supplementary aids, modifications, accommodations, services, and/or supports for SAU personnel**
 | **Location** | **Frequency** | **Duration****Beginning/End Date** |
|  | [ ]  Classroom Instruction |  |  |  |
| [ ]  Classroom Assessment  |
| [ ]  District-wide Assessment  |
| [ ]  State Assessment |
|  | [ ]  Classroom Instruction |  |  |  |
| [ ]  Classroom Assessment  |
| [ ]  District-wide Assessment  |
| [ ]  State Assessment |
|  | [ ]  Other |  |  |  |
| **B.** **Alternate Assessments**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 alternate assessment selected is appropriate for the child (MUSER IX.3.A.(1)(f)(ii)(I) & (II)).[ ]  Yes, the child meets qualifications outlined in the Participation Decision Flowchart.* If yes, include an explanation:

[ ]  No, the child does not meet the qualification and will be participating in regular education state and district-wide assessments.[ ]  Not applicable. |

1. **SPECIAL EDUCATION AND RELATED SERVICES** (MUSER IX.3.A.(1)(d) & IX.3.A.(1)(g))

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| **Special Education Services** | **Position Responsible** | **Location** | **Frequency** | **Duration****Beginning and End Date** |
| Specially Designed Instruction |  |  |  |  |
| Speech/Language Services |  |  |  |  |
| Consultation |  |  |  |  |
| Tutorial Instruction |  |  |  |  |
| Extended School Year |  |  |  |  |
| **Related Services** | **Position Responsible** | **Location** | **Frequency** | **Duration****Beginning and End Date** |
| Speech/Language Services |  |  |  |  |
| Occupational Therapy |  |  |  |  |
| Physical Therapy |  |  |  |  |
| Social Work Services |  |  |  |  |
| Nursing Services |  |  |  |  |
| Behavioral Health Day Treatment |  |  |  |  |
| Transportation |  |  |  |  |
| Other |  |  |  |  |

1. **LEAST RESTRICTIVE ENVIRONMENT**

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| **FOR CHILDREN AGES 3-5 ONLY (CDS)** |
| What percentage of time is this child with non-disabled children? | 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 non-academic activities (MUSER IX.3.A.(1)(e)):  |
| General Education Setting | Special Education Setting |
| More than or equal to 10 hours[ ]  | Less than 10 hours[ ]  | Total # of hours: |
| **FOR K-12 ONLY** |
| What percentage of time is this child with non-disabled children?**%** | 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 non-academic activities (MUSER IX.3.A.(1)(e)):  |

**IF THE CHILD IS NOT IN 9TH GRADE AND/OR IS AT LEAST 16 YEARS OLD, DO NOT COMPLETE SECTION 9 AND SECTION 10.**

1. **POST-SECONDARY TRANSITION PLAN**

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| This section must be completed for each IEP, during, but not later than 9th grade or age 16, whichever comes first. This section must be updated annually (MUSER IX.3(A)(1)(h)).  | **IDEA 300.102(a)(3)(i)-(iii) – Limitation to FAPE – NOTE**: Graduation with a regular diploma will permanently end entitlement to a free appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act and Maine’s Unified Special Education Regulations. Therefore, after graduation, this child will no longer be entitled to receive special education and related services.  |
| **A. Projected Date of Graduation/Program Completion:**  |
| **B. List of Transition Assessments Completed:** |
| **C. In the case of the child not attending the meeting, document efforts made (prior to the IEP meeting) to obtain the child’s post-secondary preferences and interests:** |
| **D. Measurable Post-Secondary Goals (MUSER IX.3.(A)(1)(h)(i)** Goals must be based on current age-appropriate transition assessments. |
| **Education/Training Goal**After graduation, child’s name, will education/training goal. |
| **Employment Goal**After graduation, child’s name, will employment goal. |
| **Independent Living Skill Goal (when appropriate)**After graduation, child’s name, will independent living skill. |
| **E. Planned Course of Study (MUSER IX.3.(A)(I)(h)(ii))**The class schedule must be multi-year (through exit), specific, individualized, and directly linked to the post-secondary goals. Course of Studymust address all post-secondary goals that are identified for the child.  |
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| **F. Transition Services and Activities (MUSER IX.3(A)(I)(h)(ii)**Describe the activities provided by the adults in the school and in the community, that will enable and promote the child’s progress toward meeting annual and post-secondary goals. Include special education, general education, related services, services from other agencies, and services provided by families, as appropriate for the child’s needs. Transition services and activities should be specific and individualized.  |
| Education/Instruction and Related Services: |
| Career/Employment and Other Post-Secondary Adult Living Objectives: |
| Community Experiences: |
| If Appropriate, Daily Living Skills and/or Functional Vocational Evaluation: |
| **G. Agencies Responsible to Provide and/or Pay for Services (MUSER IX.3.E.(1)(2))**What agency linkages, if any, have been made? Written parental consent must be obtained prior to the IEP meeting invitation of any agency or organization that is likely to be responsible for providing or paying for transition services. |
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1. **AGE OF MAJORITY** (IDEA 300.320(c)) – Transfer of Rights at Age of Majority

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| If the child will turn 17 during the duration of this IEP, the child and parent(s) have been informed of rights at the age of majority (age 18). [ ]  YES Date Informed: [ ]  N/A |