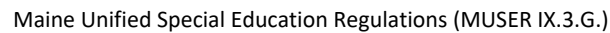


**\*Best Practice**



## 1. CHILD INFORMATION

## 2. DISABILITY

☐ If Multiple Disability is checked, all disabilities making up the multiple are checked

Child's Name:

Date of Birth:

### 3. CONSIDERATIONS – INCLUDING SPECIAL FACTORS

#### CIM1- Compliance:

- ☐ Each question is answered
- ☐ If yes, addressed in IEP with goals, services, and/or accommodations

|                                                                                                                                                                                                                     |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| A. Concerns of the parents for enhancing the education of their child (MUSER IX.3.C.(1)(b)):                                                                                                                        |                                                                                      |
| B. 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)) | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| C. Is the child identified as a student who is an English learner? (MUSER IX.3.C.(2)(b))                                                                                                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| i. Does the child have language needs, due to his/her English language proficiency level, which need to be addressed in the IEP?                                                                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| D. 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))                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA |
| E. Does the child have a print disability that requires accessible educational materials (AEM) to access the curriculum?                                                                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| i. If yes, what type of accessible educational materials (AEM) does the child require?                                                                                                                              |                                                                                      |
| F. Does the child have communication needs? (MUSER IX.3.C.(2)(d))                                                                                                                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| i. Is the child deaf or hard of hearing?                                                                                                                                                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| G. Does the child need assistive technology devices and services? (MUSER IX.3.C.(2)(e))                                                                                                                             | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| H. Does the child have academic needs?                                                                                                                                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| I. Does the child have functional/developmental needs?                                                                                                                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| <b>POST-SECONDARY TRANSITION</b>                                                                                                                                                                                    |                                                                                      |
| J. Is the child in 9 <sup>th</sup> grade or above <b>OR</b> is the child 16 years old or older?                                                                                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| i. If <b>yes</b> , Section 9 should be completed before completing the remainder of the IEP.                                                                                                                        |                                                                                      |

### 4. ACADEMIC AND FUNCTIONAL/DEVELOPMENTAL EVALUATIONS, STRENGTHS, AND NEEDS (MUSER IX.3.C.(1))

|                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Results of all initial evaluations or most recent evaluations of the child:<br><u>RAE1- Compliance:</u><br><input type="checkbox"/> Include evaluations that support the eligibility discussion<br><input type="checkbox"/> Include evaluation name<br><input type="checkbox"/> All evaluations must be dated                                                   |
| B. Beyond the evaluative information in <b>4A</b> , what are the academic, functional, and/or developmental <b>strengths</b> of the child?<br><u>AFS1- Compliance:</u><br><input type="checkbox"/> Based on observations<br><input type="checkbox"/> Include areas of strength and relative strengths<br><input type="checkbox"/> NOT a restatement of evaluations |

Child's Name:

Date of Birth:

- C. 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?

**APG2- Compliance:**

- ☐ **Academic**
- ☐ **Distinctly measurable and persistent skill gaps**
- ☐ **Best Practice: Documented in a bulleted list**
- ☐ **Best Practice: Focus on specific skill deficits e.g., fluency, comprehension, addition/subtraction**

**APG4- Compliance:**

- ☐ **Statement of how the gap(s)/deficit(s) listed affect the child's involvement and progress in the general education curriculum**

**APG6- Compliance:**

- ☐ **Every academic skill gap in Section 4C is aligned to a goal in Section 5**

- D. 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?

**FDP2- Compliance:**

- ☐ **Functional and Developmental**
- ☐ **Distinctly measurable and persistent skill gaps**
- ☐ **Best Practice: Documented in a bulleted list**
- ☐ **Best Practice: Focus on specific skill deficits e.g., self-initiation, organization, etc.**

**FDP7- Compliance:**

- ☐ **Statement of how the gap(s)/deficit(s) listed affect the child's involvement and progress in the general education curriculum**

**FDG1- Compliance:**

- ☐ **Every Functional and Developmental skill gap in Section 4D and 4E is aligned to a goal in Section 5**

- E. 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?

**FDP2- Compliance:**

- ☐ **Functional and Developmental**
- ☐ **Distinctly measurable and persistent skill gaps**
- ☐ **Best Practice: Documented in a bulleted list**
- ☐ **Best Practice: Focus on specific skill deficits e.g., self-initiation, organization, etc.**
- ☐ **Best Practice: These are different skill gaps from the functional skill gaps listed in 4D**

**FDP7- Compliance:**

- ☐ **Statement of how the gap(s)/deficit(s) listed affect the child's involvement and progress in the general education curriculum**

**FDG1- Compliance:**

- ☐ **Every Functional and Developmental skill gap in Section 4D and 4E is aligned to a goal in Section 5**

Child's Name:

Date of Birth:

### PROGRESS MONITORING OF ANNUAL IEP GOALS

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

#### **PPR1- Compliance:**

- ☐ **Progress reports are sent to parent(s) at least as often as report cards**

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

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

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

**ACADEMIC PERFORMANCE (Part B, ages 3 - 20)** 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)):

- ☐ **Best Practice: Present level is baseline data for the corresponding goal**  
☐ **Best Practice: Avoid a range of data (60-70%) and subjective words e.g., sometimes, often, seems to, etc.**

**Measurable Goal** (MUSER IX.3.A.(1)(b) & (c))

**Progress:**

By date, given service, child's name will skill as measured by evidence.

#### **SBG1- Compliance:**

- ☐ **Every measurable goal in Section 5 is aligned to a gap in Section 4C**

#### **SBG3- Compliance:**

- ☐ **Must be measurable**  
☐ **Must include measurement data**  
☐ **Cannot be specific curriculum or standard scores**  
☐ **If a rubric is used as measurement, it must be attached to the IEP**  
☐ **Best Practice: Avoid multiple skills**  
☐ **Best Practice: Focus goal on specific skill deficits e.g., fluency, comprehension, addition/subtraction**  
☐ **Best Practice: Measured using skill specific measurements/assessments, data collected through teacher observation, checklist/daily log, running records, work samples**

#### **SBG4- Compliance:**

- ☐ **Cite standard**  
☐ **Can be Common Core, Maine Learning Results, Guiding Principles and/or district adopted standards**

#### **SBG5- Compliance:**

- ☐ **Every goal needs to be aligned to a service in Section 7**

**Objective(s)** required? ☐ Yes ☐ No

By date, given service, child's name will skill as measured by evidence.

#### **ALT2- Compliance:**

- ☐ **If the child participates in the Alternate Assessment, all academic goals MUST have objectives.**

Child's Name:

Date of Birth:

**FUNCTIONAL/DEVELOPMENTAL PERFORMANCE:** **Functional performance** refers to how the child is managing daily activities in *cognitive, communicative, motor, adaptive, social/emotional* and *sensory areas*. **Developmental performance** 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):

- ☐ **Best Practice: Present level is baseline data for the corresponding goal**
- ☐ **Best Practice: Avoid a range of date (60-70%) and subjective words e.g., sometimes, often, seems to, etc.**

**Measurable Goal** (MUSER IX.3.A.(1)(b) & (c)

**Progress:**

By date, given service, child's name will skill as measured by evidence.

**FDP4- Compliance:**

- ☐ **Every measurable goal in Section 5 is aligned to a gap in Section 4D/4E**

**FDP5- Compliance:**

- ☐ **Must be measurable**
- ☐ **Goal must include measurement data**
- ☐ **Cannot be specific curriculum or standard scores**
- ☐ **If a rubric is used as measurement, it must be attached to the IEP**
- ☐ **Best Practice: Avoid multiple skills**
- ☐ **Best Practice: Focus goal on specific skill deficits e.g., self-initiation, organization, etc.**
- ☐ **Best Practice: Measured using skill specific measurements/assessments, data collected through teacher observation, checklist/daily log, work samples**

**FDP6- Compliance:**

- ☐ **Every goal in Section 5 needs to be aligned to a service in Section 7**

**Objective(s)** required? ☐ Yes ☐ No

By date, given service, child's name will skill as measured by evidence.

- ☐ **Best Practice: Are not required for functional goals**
- ☐ **Best Practice: Are short-term**

Child's Name:

Date of Birth:

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

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)).

| A. Supplementary aids, modifications, accommodations, services, and/or supports for SAU personnel | Location | Frequency | Duration Beginning/End Date |
|---------------------------------------------------------------------------------------------------|----------|-----------|-----------------------------|
| <input type="checkbox"/> Classroom Instruction                                                    |          |           |                             |
| <input type="checkbox"/> Classroom Assessment                                                     |          |           |                             |
| <input type="checkbox"/> District-wide Assessment                                                 |          |           |                             |
| <input type="checkbox"/> State Assessment                                                         |          |           |                             |
| <input type="checkbox"/> Classroom Instruction                                                    |          |           |                             |
| <input type="checkbox"/> Classroom Assessment                                                     |          |           |                             |
| <input type="checkbox"/> District-wide Assessment                                                 |          |           |                             |
| <input type="checkbox"/> State Assessment                                                         |          |           |                             |
| <input type="checkbox"/> Other                                                                    |          |           |                             |

**SAS1- Compliance:**

- ☐ Teaching supports/tools included for student to be successful in general education and special education
- ☐ MUST fill all boxes across the row – if a supplementary aid, service, modification and/or support is listed-check when/where can be used, fill location, frequency, and duration
- ☐ Ed techs, BHPs, related service assistants, collaborations between staff are listed here, NOT the service grid

**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.

**ALT1- Compliance:**

- ☐ If 'Yes', an explanation MUST be present
- ☐ The IEP team decides, based on the Participation Decision Flowchart, if the child participates in the Alternate Assessments

**ALT2- Compliance:**

- ☐ If the child does participate, their academic goals MUST have objectives

Child's Name:

Date of Birth:

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

| Special Education Services     | Position Responsible | Location | Frequency | Duration<br>Beginning and End Date |
|--------------------------------|----------------------|----------|-----------|------------------------------------|
| Specially Designed Instruction |                      |          |           |                                    |
| Speech/Language Services       |                      |          |           |                                    |
| Consultation                   |                      |          |           |                                    |
| Tutorial Instruction           |                      |          |           |                                    |
| Extended School Year           |                      |          |           |                                    |
| Related Services               | Position Responsible | Location | Frequency | Duration<br>Beginning and End Date |
| Speech/Language Services       |                      |          |           |                                    |
| Occupational Therapy           |                      |          |           |                                    |
| Physical Therapy               |                      |          |           |                                    |
| Social Work Services           |                      |          |           |                                    |
| Nursing Services               |                      |          |           |                                    |
| Transportation                 |                      |          |           |                                    |
| Other                          |                      |          |           |                                    |

**SVC1- Compliance:**

- ☐ Every special education/related service in Section 7 is aligned to a gap in Section 5, including consultation

**SVC2- Compliance:**

- ☐ Child's needs drive services and frequency, not school schedule
- ☐ Location can be Special Education, General Education or Both
- ☐ Document frequency in parent friendly, understandable terms
- ☐ Do NOT include content areas (SS, Science) in Service Grid
- ☐ Responsible position is certified staff only (no ed tech or assistants)

**SVC4- Compliance:**

- ☐ All services are found on provider and/or student schedules (special education and related services)

Child's Name:

Date of Birth:

## 8. LEAST RESTRICTIVE ENVIRONMENT

| FOR CHILDREN AGES 3-5 ONLY (CDS)                                                                                                                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| What percentage of time is this child with non-disabled children?<br><b>(Ages 3-5) LRE3- Compliance:</b><br><input type="checkbox"/> <b>Percentage of time with same age peers is recorded</b> |                                                | 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)):<br><b>(Ages 3-5) LRE1- Compliance:</b><br><input type="checkbox"/> <b>Include how relative to the nature and severity of the disability education in general education setting (including extra-curricular) with the use of supplementary aids and services cannot be achieved satisfactorily.</b> |  |
| General Education Setting                                                                                                                                                                      |                                                | Special Education Setting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| More than or equal to 10 hours<br><input type="checkbox"/>                                                                                                                                     | Less than 10 hours<br><input type="checkbox"/> | Total # of hours:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| FOR K-12 ONLY                                                                                                                                                                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| What percentage of time is this child with non-disabled children?<br>%<br><b>LRE3- Compliance:</b><br><input type="checkbox"/> <b>Percentage of time with same age peers is recorded</b>       |                                                | 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)):<br><b>LRE1- Compliance:</b><br><input type="checkbox"/> <b>Include how relative to the nature and severity of the disability education in general education setting (including extra-curricular) with the use of supplementary aids and services cannot be achieved satisfactorily.</b>            |  |

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

### Items reviewed as part of the Written Notice:

#### LRE2 Compliance:

☐ Discussion of appropriate placement in the least restrictive environment (this can be in any section of the WN)

#### WRN2 Compliance:

☐ All required members were in attendance or excused

Child's Name:

Date of Birth:

**TRA1-AWN- Compliance:**

- ☐ Purpose of the meeting is checked on the AWN (Post-secondary goals and transition services)

**TRA2-AWN- Compliance:**

- ☐ Child is invited to the meeting
- ☐ List as participant invited to the meeting
- ☐ Best Practice: Including them in the salutation e.g., "Dear Parent and Student"

**TRA3-IEP Section 9G & Parental Consent to Invite Outside Agency- Compliance:**

- ☐ If appropriate, list any participating agency that is invited to the IEP Team meeting with prior consent in 9G
- ☐ Document prior consent or lack of consent with Parental Consent to Invite Other Agencies to IEP

**Meetings-Postsecondary Goals & Transition Services**

**TRA4-WN- Compliance:**

- ☐ Statement in the Written Notice that the transition plan and post-secondary goals are being updated

**9. POST-SECONDARY TRANSITION PLAN**

|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This section must be completed for each IEP, during, but not later than 9<sup>th</sup> grade or age 16, whichever comes first. This section must be updated annually (MUSER IX.3(A)(1)(h)).</p>                                                                                                                                                     | <p><b>IDEA 300.102(a)(3)(i)-(iii) – Limitation to FAPE – NOTE:</b><br/>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.</p> |
| <p><b>A. Projected Date of Graduation/Program Completion:</b></p>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>B. List of Transition Assessments Completed:</b></p> <p><b><u>TRA5- Compliance:</u></b></p> <p><input type="checkbox"/> Document all transition assessments that have been completed</p> <p><input type="checkbox"/> Best Practice: Include the year the assessment was provided</p>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>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:</b></p>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>D. Measurable Post-Secondary Goals (MUSER IX.3.(A)(1)(h)(i))</b><br/>Goals must be based on current age-appropriate transition assessments.</p> <p><b><u>TRA9- Compliance:</u></b></p> <p><input type="checkbox"/> At least one annual goal in Section 5 that addresses/aligns to the post-secondary goals</p>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Education/Training Goal</b><br/>After graduation, <u>child's name</u>, will <u>education/training goal</u>.</p> <p><b><u>TRA6a- Compliance:</u></b></p> <p><input type="checkbox"/> Document the type of education and or training the child will receive in order to pursue their career choice</p>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Employment Goal</b><br/>After graduation, <u>child's name</u>, will <u>employment goal</u>.</p> <p><b><u>TRA6b- Compliance:</u></b></p> <p><input type="checkbox"/> Take the education or training goal and make a statement about employment</p> <p><input type="checkbox"/> Education/training and employment goals should be in alignment</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Independent Living Skill Goal (when appropriate)</b><br/>After graduation, <u>child's name</u>, will <u>independent living skill</u>.</p> <p><b><u>TRA6c- Compliance:</u></b></p> <p><input type="checkbox"/> Should be considered for all children, not just those with significant cognitive deficits</p>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Child's Name:

Date of Birth:

**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 Study must address all post-secondary goals that are identified for the child.

**TRA7- Compliance:**

- ☐ **Indicate a multi-year high school plan (first year of high school to anticipated exit date)**
- ☐ **Best Practice: Avoid "electives", be as specific as possible with the potential courses**

**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.

**TRA8- Compliance:**

- ☐ **Should NOT include future services/activities**
- ☐ **Leaving previous years services in this section**
- ☐ **Must be at least ONE transition service for each; only if appropriate for daily living skills**
- ☐ **Best Practice: documented in a bulleted list**

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.

**TRA3- Compliance:**

- ☐ **Need parental consent to invite them to the IEP meeting/prior to AWN**
- ☐ **Consent is needed for every meeting where transition planning is discussed**
- ☐ **Documented with Parental Consent to Invite Other Agencies to IEP Meetings-Postsecondary Goals & Transition Services**

**10. AGE OF MAJORITY (IDEA 300.320(c)) – Transfer of Rights at Age of Majority**

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