



Introduction to the *New* IEP Form



FEDERATION FOR CHILDREN
WITH SPECIAL NEEDS

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Our Learning Objectives today

- Understand why changes have been made
- Learn the timeline for implementation
- Review the new IEP form in the pdf format and see what has been added (NEW)
- Explore areas for student and parent input
- Identify areas for team collaboration



<https://www.doe.mass.edu/sped/ImproveIEP/>



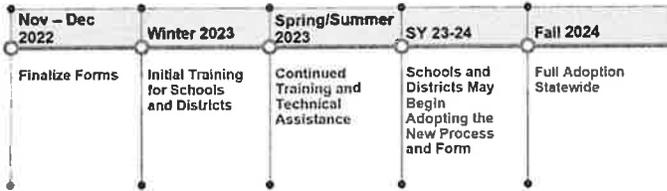
FEDERATION FOR CHILDREN WITH SPECIAL NEEDS

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First major change in over 20 years ...



IEP Improvement Process Timeline



DESE’s IEP Improvement Project Goals:

- **improve outcomes** for all students with disabilities
- by providing guidance, technical assistance and tools on **equitable processes**
- to ensure **meaningful access** to the curriculum and life of the school

NEW – MA IEP Technical Guide

More information on how sections should be completed
<https://www.doe.mass.edu/sped/ImproveIEP/iep-technical-guide.docx>



The law has not changed ...

Just new, easier to understand forms!

Areas of focus:

- Use of plain language
- Form encourages team discussion
- Focus on student's vision and strengths
- Post-secondary Transition planning now part of IEP form
- Inclusion of Student/Parent data

Special Education Eligibility/Initial and Reevaluation Determination

Date: _____

Student Information	
Student Name: _____	Student Date of Birth: _____
Student ID#: _____	Grade Level: _____

A. Proceed through the flowchart until an eligibility determination is reached.

1. Does the student have one or more than one disability? If yes, indicate disability type(s).

<input type="checkbox"/> Autism	<input type="checkbox"/> Neurological
<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Emotional
<input type="checkbox"/> Health	<input type="checkbox"/> Communication
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Physical
<input type="checkbox"/> Sensory/Hearing, Vision, Deaf-Blind	<input type="checkbox"/> Specific Learning

THE STUDENT IS NOT ELIGIBLE FOR SPECIAL EDUCATION SERVICES but may be eligible for other programs.

If the student has multiple disability types, please check the box to evaluate the primary disability. (The primary disability is used for reporting purposes.)

<input type="checkbox"/> Autism
<input type="checkbox"/> Developmental delay
<input type="checkbox"/> Health
<input type="checkbox"/> Sensory - Hearing, Vision, Deaf-Blind
<input type="checkbox"/> Intellectual
<input type="checkbox"/> Emotional
<input type="checkbox"/> Communication
<input type="checkbox"/> Physical
<input type="checkbox"/> Specific Learning
<input type="checkbox"/> Health

2. (a) Is the student making effective progress in the general education program? In the case of a three-year reevaluation, would the student continue to make effective progress in the general education program without special education services?

NO → **THE STUDENT IS NOT ELIGIBLE FOR SPECIAL EDUCATION SERVICES but may be eligible for other programs.**

YES → **3. (b) Is the lack of effective progress a result of the student's disability?**

NO → **THE STUDENT IS NOT ELIGIBLE FOR SPECIAL EDUCATION SERVICES but may be eligible for other programs.**

YES → **4. (c) Does the student receive special education and related services to make effective progress or to access the general education curriculum?**

NO → **THE STUDENT IS NOT ELIGIBLE FOR SPECIAL EDUCATION SERVICES but may be eligible for other programs.**

YES → **THE STUDENT IS ELIGIBLE FOR SPECIAL EDUCATION SERVICES.**

B. Answer this question for ALL students:

Is the parent satisfied with the school evaluation?

Yes

No → Discuss Extended Evaluation and rights to an Independent Education Evaluation.

C. Key Evaluation Findings and/or next steps

The New IEP Form available online and in multiple languages!

English Version available in pdf format –

<https://www.doe.mass.edu/sped/ImproveIEP/iep-form/iep-form.pdf>

Microsoft Word versions of the new IEP Form are available in 16 languages

<https://www.doe.mass.edu/sped/ImproveIEP/iep-form/>

Most families will see the new IEP form at their IEP meeting beginning next Fall, 2024

This workshop will highlight all of the pages of the pdf version of the IEP Form

Note: some page content may not be appropriate for your student. For example:

- the postsecondary IEP pages would not be used for an 8-year-old student
- an IEP Team would not address the state’s required autism questions for a student without a diagnosis of autism
- some content is located on a specific page of the pdf version but can be addressed by every IEP Team, such as the Bullying section



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Student and Parent Concerns/Vision

STUDENT AND PARENT CONCERNS

(For the purposes of special educational decision-making, "parent" shall mean father, mother, legal guardian, person acting as a parent of the child, foster parent, or educational surrogate parent appointed in accordance with Federal law.)

What concern(s) do you want this IEP to address?

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NOTE: Text boxes will expand when completed in online format.

Share your **Concerns** in advance of the meeting.

STUDENT AND TEAM VISION

Student's Vision (ages 3-13)

This year, I want to learn:

By the time I finish (circle one: elementary or middle school), I want to:

Student's Vision/Postsecondary Goals (required for ages 14-22, may be completed earlier if appropriate)

While I am in high school, I want to:

After I finish high school, my education or training plans are:

After I finish high school, my employment plans are:

After I finish high school, my independent living plans are:

Additional Team Vision Ideas

In response to the student's vision, this year:

In response to the student's vision, in 5 years:

Student and Team Vision

IEP Team should focus on student's vision to guide the IEP process.

For ages 3-13 –

What do you want to learn?

For transition-age students aged 14-22, the IEP form follows IDEA planning for future:

- Education
- Employment
- Independent Living



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Student Participation in the IEP

Let's help student participate in their IEP meetings!

Some questions to ask:

How would you like to participate?

Examples:

- Read your Vision statement
- Share PowerPoint of interests
- Help to set the Agenda

What help will you need to prepare?

Set up a practice session

Use questions to learn about the student

Strengths and Interests

What do you like to do in school?

Examples: favorite subjects, gym, music, clubs

What do you like to do when you are not in school?

Examples: hobbies (reading, playing video games)

What have you done well in the last year?

Examples: successes, times you felt proud

Challenges

What is hard for you at school?

Examples: math, participating in class, making friends

What is hard for you at home?

Examples: laundry, making the bed, cooking

What is hard for you in the community?

Examples: taking the bus, talking to strangers



Addressing Individual Student Needs – Student Profile

STUDENT PROFILE

The student is identified as having the following disability or disabilities. Include all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Sensory Impairment |
| <input type="checkbox"/> Communication Impairment | <input type="checkbox"/> Intellectual Impairment | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Developmental Delay (ages 3-9) | <input type="checkbox"/> Neurological Impairment | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Emotional Impairment | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Deaf-Blind |
| | | <input type="checkbox"/> Specific Learning Disability |

English Learner

Has the student been identified as an English learner?

Yes No

If yes, describe the student's English Learner Education program, English as a Second Language services, and progress toward English language proficiency benchmarks:

Identify any language needs and consider how they relate to the student's IEP:

Assistive Technology

Does the student require assistive technology devices or services?

Yes No

If yes, this need will be addressed in the following section(s) of the IEP:

- | | |
|---|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | <input type="checkbox"/> Additional Information |

Disability

Select all identified disabilities

If "Autism" is selected, the IEP Team must answer the state's 7 required questions and this section will open on the computer form

English Learner

Formally addresses language needs in new IEP form

Assistive Technology (AT)

The IEP Team must consider whether the child requires AT devices and services at each IEP meeting



What is the Starting Point?

No more PLEP A and PLEP B!

Newly named **Present Level of Academic Achievement and Functional Performance** section summarizes student's current levels and serves as a foundation for writing goals and other IEP components

Four "Present Level" sections describe current performance and how the disability impacts progress

- Academics
- Behavioral/Social/Emotional
- Communication
- Additional Areas

Information/Data on current performance should come from a variety of sources – evaluations, teacher observation, parent and student input

Should use a strengths-based approach

Substantive Requirement Guideline

Make sure that all of the student's educational needs identified in the evaluation stage are included in the present levels of academic achievement and functional performance section of the IEP.

<https://iris.peabody.vanderbilt.edu/module/iep01/cresource/q3/p06/>



Present Levels: Academics

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ACADEMICS

Describe the student's present levels of academic achievement and functional performance in the relevant areas listed below. Consider the areas of learning listed below and **complete only the sections that apply to the student**. Include relevant information and data from sources such as initial or most recent evaluations; documentation from classroom performance; parent(s), student, and teacher observations; and curriculum-based and standardized assessments, including MCAS.

Briefly describe current academic performance. Check all that apply:	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities
<input type="checkbox"/> English Language Arts <input type="checkbox"/> History and Social Sciences <input type="checkbox"/> Math <input type="checkbox"/> Science, Technology, and Engineering		

Autism-Specific Question: Does the student have needs resulting from the disability that impact progress in the general curriculum, including social and emotional development (e.g., organizational support, generalizing skills, practicing skills in multiple environments)?
 Yes No

If yes, this need will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

A Present Level statement is the foundation of the IEP and is used to specify appropriate goals, services, and supports

Should give a clear picture of how the disability impacts a student's performance in general education curriculum

What are the student's strengths, interest areas and preferences?



For student with Autism, 1st required question of 7.



Required IEP Discussion on Specific Needs of Students with Autism under MA law

- the verbal and nonverbal communication needs of the child;
- the need to develop social interaction skills and proficiencies;
- the needs resulting from the child's unusual responses to sensory experiences;
- the needs resulting from resistance to environmental change or change in daily routines;
- the needs resulting from engagement in repetitive activities and stereotyped movements;
- the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder;
- and other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development.

https://www.doe.mass.edu/sped/advisories/07_1ta.html



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Present Levels: Behavioral/Social/Emotional

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: BEHAVIORAL/SOCIAL/EMOTIONAL

Briefly describe current behavioral/social/emotional performance. Consider the use of positive behavioral interventions and supports, and other strategies, to address behavior that impedes learning.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Current performance should consider the use of positive behavioral interventions and supports and other strategies

Bullying	
Describe any disability-related skills and proficiencies the student needs in order to avoid and respond to bullying, harassment, or teasing. This section must be completed for students who have a disability that affects social skills development; students vulnerable to bullying, harassment, or teasing; and students with autism.	Specify how these needs, if any, will be addressed in the IEP.

Bullying - NEW

IEP Form directly addresses Bullying and team should consider skills necessary for students to avoid and respond to Bullying

Autism-Specific Question: Does the student require any positive behavioral interventions, strategies, and supports to address their behavioral difficulties resulting from autism spectrum disorder?
 Yes No

Autism-Specific Question: Does the student need to develop social interaction skills and proficiencies?
 Yes No

Autism-Specific Question: Does the student have needs related to changes in environment or to daily routines?
 Yes No

Autism-Specific Question: Does the student have needs related to repetitive activities and movements?
 Yes No

Autism-Specific Question: Does the student have needs resulting from their unusual responses to sensory experiences?
 Yes No

If yes to any of the above, these needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications <input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Services Delivery Grid <input type="checkbox"/> Additional Information
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Autism-specific questions

Follows MA law – gives IEP team a structure to address these questions



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Present Levels: Communication

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: COMMUNICATION

Briefly describe current communication performance.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Does the student require the use of augmentative and alternative communication (AAC)? Consider any AAC needs for non-speaking students or those with limited speech.

Yes No

If yes, describe how the Team will address the student's needs (including acquiring, designing, customizing, maintaining, repairing, and/or replacing AAC device/system).

- The student needs an AAC device/system at school.
- The student needs an AAC device/system at home or in other non-school settings to receive a free appropriate public education.
- The student needs training and/or technical assistance to use the AAC device/system.
- The student's family needs training and/or technical assistance concerning the AAC device/system.
- Educators, other professionals, employers, or others who work with the student need training and/or technical assistance concerning the AAC device/system.

These needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

Autism-Specific Question: Does the student have needs in the areas of verbal and nonverbal communication, including but not limited to those identified in assistive technology/AAC evaluation(s)?

Yes No

If yes, these needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

NEW – a student's use of augmentative and alternative communication (AAC) devices/systems across settings

Can include options for training for student and family

IEP Team should discuss how AAC needs will be addressed



Present Levels: Additional Areas

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ADDITIONAL AREAS

Additional Areas, as Applicable (such as activities of daily living, health, hearing, motor, sensory, and vision) Briefly describe current performance and any applicable documentation. Please note that parent(s) are only asked to share health information voluntarily.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Deaf or Hard of Hearing

The student is deaf or hard of hearing, and their language and communication needs will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

Blind or Visually Impaired (including Cortical Visual Impairment)

Braille is needed and will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

Screen readers or other assistive technology are needed and will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

Orientation and mobility services are needed and will be addressed in the following section(s) of the IEP:

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

Include additional areas:

Activities of daily living, health, hearing, motor, sensory, and vision

Note: Parents are only asked to share health information voluntarily

Deaf/Hard of Hearing

Consider both language and communication needs

Blind/Visually Impaired

including Cortical Visual Impairment (CVI)

Are Braille, screen readers or other Assistive technology, orientation and mobility services needed?



New Format: Accommodations and Modifications

ACCOMMODATIONS AND MODIFICATIONS

Accommodations: List the accommodations the student needs to make progress in the areas of academic achievement and functional performance. Leave blank any boxes that are not appropriate for the student.

	Presentation of Instruction The way information is presented.	Response The way the student responds.	Timing and/or Scheduling The timing and scheduling of the instruction.	Setting and/or Environment The characteristics of the setting.
Classroom accommodations				
Nonacademic settings (lunch, recess, etc.)				
Extracurricular activities				
Community/workplace				

Modifications: List the modifications, if any, that are needed to the student's program so they can meet their goals, make progress, and participate in activities alongside students with and without disabilities. Leave blank any boxes that are not appropriate for the student.

	Content	Instruction	Student Output
Classroom modifications			
Nonacademic settings (lunch, recess, etc.)			
Extracurricular activities			
Community/workplace			

Accommodations:

- how the material is presented,
- how the student responds,
- the timing or scheduling of the instruction; and
- the setting/environment.

Modifications:

- Content
- Instruction
- Student Output



Comparing the Differences

	Accommodations	Modifications
General Purpose	<ul style="list-style-type: none"> • Provide access • Enable students to fully participate 	<ul style="list-style-type: none"> • Make changes to curriculum, instruction or assessment tailored to individual needs • Alter what is being taught
Typical Nature of Changes	<ul style="list-style-type: none"> • Content and standards of curriculum are NOT changed • Ways of presentation or how students demonstrate their knowledge are adjusted to allow for access to curriculum and instruction 	<ul style="list-style-type: none"> • Curriculum is adapted to focus on key concepts • Content is simplified • Complexity of tasks is reduced
Examples	<ul style="list-style-type: none"> • Extra time on tests • Use of assistive technology • Visual prompts and instructions 	<ul style="list-style-type: none"> • Alternative assessments • Direct, explicit, multi-sensory instruction • Modified materials at a different reading level



MCAS/ACCESS Participation

STATE AND/OR DISTRICTWIDE ASSESSMENT/ALTERNATE ASSESSMENT

Identify the state or districtwide assessments planned during the IEP period. Consider MCAS (Grades 3-12), ACCESS (Grades K-12), etc.

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How does the student participate in state and/or districtwide assessments?

- The student participates in on-demand assessment with no accommodations under routine conditions in all content areas.
- The student participates in on-demand assessment with accommodations.

Please indicate which testing accommodations the student requires:

English Language Arts	Math	Science	Other

The student participates in state and/or districtwide alternate assessment(s).

Please select the subject(s) below in which the student needs alternate assessment(s). Please explain why the student needs alternate assessment(s), and why the alternate assessment you have chosen is appropriate for them.

<input type="checkbox"/> English Language Arts	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Alternate Access for ELLs
Explanation:	Explanation:	Explanation:	Explanation:

All tests during the IEP period, including MCAS (grades 3-12) and ACCESS for ELLs (grades K-12)

MCAS Accommodations
What testing accommodations does the student need? And in which subjects?

MCAS-Ait and ACCESS-Ait

For a small number of students with the most significant cognitive disabilities

May affect graduation with a diploma



Measurable Annual Goals

What skills does the student need to develop to access, participate and make progress in early childhood outcomes (ages 3-5) or the MA Curriculum Frameworks and the life of the school?

IEP goals outline the academic and functional skills the student will be working on over the IEP year.

Goals should be achievable, challenging and measurable.

Baseline – What can the student currently do?
 Benchmarks can be tied into progress reporting period



Family Guides - <https://www.doe.mass.edu/highstandards/default.html>

Guidelines for Preschool Learning Experiences
<https://www.mass.gov/doc/guidelines-for-preschool-learning-experiences-updated-november-2019/download>



New Format for Measurable Annual Goals

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3-5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability. Please include additional goals as necessary.

Goal Number:	Goal Area:			
Baseline [What can the student currently do?]:				
Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?
Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)				

SCHEDULE OF PROGRESS REPORTING

Explain how and when parent(s) will be periodically informed of the student's progress toward meeting the annual goal(s).

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Goals include both Academic and Functional Goals, and can address academics, social/emotional learning, life skills, and related services

NEW – Annual Goal format

Short-term Objectives or Benchmarks describe steps need to reach the measurable goal

Progress reports are issued with report cards – they specify what the student has been working on and list what the student has achieved



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Parts to a Measurable Goal

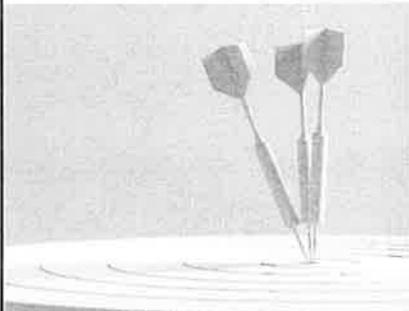
TARGET
What skill/behavior do you want the student to attain?

CRITERIA
How you will know the student has reached the goal.

METHOD
How will progress be measured (needs to be observable).

SCHEDULE
How frequently will progress be measured

PERSON RESPONSIBLE
Who will measure progress



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Example of a Measurable Goal

Baseline: Anna can identify all letters of the alphabet and their sounds. She is currently working on blending sounds into words and has displayed her ability to read.

Target	Criteria	Method	Scheduled	Person responsible
Anna will read aloud fluently	87 words correctly in one minute with 90% accuracy	From a second-grade progress monitoring selection	3 times per week.	As measured by the special education teacher.

Objectives or Benchmarks:

In 9 weeks, Anna will read aloud from a 2nd grade progress monitoring reading fluency selection, 59 words correctly in one minute with greater than 90% accuracy, an increase of 1 word per week.

In 16 weeks, Anna will....



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Participation in the General Education Setting /Service Delivery

PARTICIPATION IN THE GENERAL EDUCATION SETTING

Can the student's educational needs be met in the general education setting, with or without the use of supplementary aids and services?

Yes No

If no, provide an explanation of the extent to which the student will not participate in general education. Include a description of the specific supplementary aids and services considered before determining that the student would be removed from a general education class or activity.

SERVICE DELIVERY

Include specially designed instruction, related services, and supports based on peer-reviewed research to the extent practicable (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]). Consider providing services in general education settings before considering other options.

Goal Number(s)	Type of Service	Provided by <small>List job title</small>	Location	Frequency/Duration <small>___ minutes per ___ day cycle</small>	Start Date	End Date
A. Consultation (Indirect Services to School Personnel and Parents)						
B. Special Education and Related Services in General Education Classrooms (Direct Service)						
C. Special Education and Related Services in Other Settings (Direct Service)						

Students should be educated with students without disabilities - the Least Restrictive Environment (LRE)

Need to explain why the student will NOT participate in a general education setting

Placement is documented on a separate form - <https://www.doe.mass.edu/sped/ImproveIEP/iep-forms.html>

Service Delivery grid the same

Examples

A. *Consultation* - A speech therapist that meets with the teacher about a child

B. *Services in the General Education Classroom* - OT therapist working on handwriting during class.

C. *Services in Other Settings* - Pull out services for reading in the special education classroom.



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Transportation Services/Schedule Modification

TRANSPORTATION SERVICES

Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school other than the school the student would have attended if not eligible for special education, then transportation will be provided.)

The student requires transportation supports and/or services as a related service.

Student will be transported on a regular transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

Student will be transported on a special transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

SCHEDULE MODIFICATION

Does the student require a different duration to their school program, including the length of their day or year so that they can receive a free appropriate public education?

Yes No

If yes, what are the student's disability-related needs that require a different schedule?

If yes, describe the change in schedule to the student's educational program.

If the student requires a longer year, please include the services they will receive (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent(s)) during Extended School Year in the service delivery grid below.

Transportation

Does the student need transportation as a related service?

Need for a special vehicle with supports or specialized equipment?

Schedule Modification

Does the student require a longer day or longer year to receive a free appropriate public education (FAPE)?

Examples:

Extended School Year (ESY)
extended day
staggered schedule
shortened day



Extended School Year (ESY) Services

SERVICE DELIVERY FOR EXTENDED SCHOOL YEAR SERVICES

Describe the specially designed instruction, related services, and supports that the student needs to avoid substantial regression during summer break and to continue to make effective progress.

Goal Number(s)	Type of Service	Provided by List job title	Location	Frequency/Duration ___ x ___ minutes per ___-day cycle	Start Date	End Date
A. Consultation (Indirect Services to School Personnel and Parents)						
B. Special Education and Related Services in General Education Classrooms (Direct Service)						
C. Special Education and Related Services in Other Settings (Direct Service)						

Extended School Year Transportation Services

Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school other than the school they would have attended if not eligible for special education, transportation will be provided.)

The student requires transportation supports and/or services as a related service.

Student will be transported on a regular transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

Student will be transported on a special transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

NEW - Service Delivery grid for ESY

Like regular school year grid – outlines specific special education services the student will receive during ESY including type of service, location and frequency

ESY Transportation

After student is eligible for ESY, IEP Team must consider any transportation services needed

NOTE: student may attend a program in a school other than the school they attend during the regular school year

Criteria for a determination for ESY: <https://www.doe.mass.edu/prs/ta/esyp-qa.html>



Postsecondary Transition Planning

The Transition Planning Form (TPF) will no longer be required.

New IEP sections should be completed for students aged 14-22 and updated annually

Postsecondary Transition is about life after high school and the IEP team should consider:

- Academic and Non-Academic courses
- Employment and Training opportunities
- Independent and Community Living

IDEA requires appropriate measurable postsecondary goals based upon age-appropriate transition assessments



Postsecondary Transition Planning

POSTSECONDARY TRANSITION PLANNING*

Complete for eligible students aged 14–22 and update annually. Complete also for students who are 13 and will turn 14 during this IEP period. The dotted lines indicate the pages of this IEP that are dedicated to secondary transition planning.

Postsecondary Transition Briefly describe current performance.	Strengths, Interest areas, and preferences	Impact of student's disability on involvement in the general education curriculum and/or specific area of postsecondary transition
Education/training		
Employment		
Community experiences/postschool independent living, if applicable		

The identified areas of postsecondary transition will be addressed in the following section(s) of the IEP

<input type="checkbox"/> Accommodations/Modifications	<input type="checkbox"/> Services Delivery Grid
<input type="checkbox"/> Goals/Objectives	<input type="checkbox"/> Additional Information

Projected date of graduation/program completion:	
Projected type of completion document (diploma, certificate of attainment, or other locally defined completion document):	

Planned Course of Study

What requirements does the student need to meet to receive the type of completion document above? What is the student's planned course of study?

--

What is the student's current status regarding meeting those requirements?

--

Transition planning starts with student vision and current performance in the areas of education, employment and independent living

Team should document projected date of graduation (exit from HS)

NEW – Type of Completion Document: Diploma or certificate of attainment/ completion.

NEW - Planned Course of Study Should be updated annually

What is student's current status?



Community and Interagency Connection/Transfer of Rights

COMMUNITY AND INTERAGENCY CONNECTIONS

Agency	Description of Support Provided	Role and contact information of school staff who will be the liaison to the agency

TRANSFER OF RIGHTS TO STUDENT

The student and parent(s) must be notified at least 1 year before the student's 18th birthday that decision-making rights will transfer from parent(s) to the student when the student turns 18. Is the student 17 or will they turn 17 during the timeframe of this IEP?

Yes No

On what date was the student provided with the notice of transfer of rights and a copy of procedural safeguards concerning special education rights?

On what date was the parent(s) provided with notice of transfer of rights and a copy of procedural safeguards concerning special education rights?

NEW – Community/Agency Connections

Purpose is to promote coordination and communication

Include contact information for the school staff who will be the liaison to the agency

The IEP Team needs to document when the notice of transfer of rights was provided (at least 1 year before age 18)

At age 18, a student becomes the legal decision-maker unless the family has a legal guardianship



Decision-Making Options/688 Referral

DECISION-MAKING OPTIONS FOR STUDENT*

Complete for student who has turned 18. Please indicate the decision-making option that the student or court-appointed legal guardian has selected:

- The student will make their own educational decisions.
- The student will share decision-making with their parent, caregiver, or other adult.
Individual with whom the student will share decision-making: _____
- The student has delegated decision-making to their parent, caregiver, or other adult.
Individual to whom the student has delegated decision-making: _____
- A court has appointed a legal guardian for the student who will make educational decisions.
Name of court-appointed legal guardian: _____

Date of determination:

TRANSITION TO ADULT SERVICE AGENCY OR AGENCIES—688 REFERRAL

Is the student within 2 years of exiting special education services?	<input type="radio"/> Yes <input type="radio"/> No
If yes, has the Team discussed whether the student meets the criteria for a 688 referral?	<input type="radio"/> Yes <input type="radio"/> No
Has a 688 referral been submitted for this student?	<input type="radio"/> Yes (if so, date the 688 referral was submitted: _____) <input type="radio"/> No (if so, date the 688 referral will be submitted: _____) <input type="radio"/> The Team has determined that the student does not meet the criteria for a 688 referral.
If yes, please identify the agency to which referral was made:	<input type="text"/>

NEW –

Student's 3 options at age 18:

1. Make their own decision
2. Share decision-making (with whom) OR
3. Delegate decision-making (to whom)

If guardianship: Name and Date

688 Referral

The new IEP documents a referral to an appropriate adult agency:

- Within 2 years of exiting HS
- Discussion of the criteria
- Date of referral
- Name of adult agency



Additional Information and Response Section

ADDITIONAL INFORMATION

Record other IEP information not previously stated (e.g., information about the student that is important to know but is not addressed through IEP goals and services).

RESPONSE SECTION

School Assurance: I certify that the goals in this IEP are those recommended by the IEP team and that the indicated special education services will be provided.	
Name and role of LEA representative:	Signature:
Date:	
Response from parent(s) or student who has reached the age of majority with decision-making rights: It is important to tell the district your decision as soon as possible. Please indicate your response by checking the appropriate box below and returning a signed copy to the district.	
<input type="radio"/> I accept this IEP as developed.	
<input type="radio"/> I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows: _____	
<input type="radio"/> I reject this IEP as developed.	
Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended. _____	
Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over**	Date:
<small>** Student signature is required once a student reaches 18 unless they are a court-appointed guardian.</small>	
Meeting Request	
<input type="checkbox"/> I request a meeting to discuss the rejected IEP or rejected portion(s).	

Additional information:

Information not addressed, can include:

- Medical supports and services
- Planning time
- Communication logs
- Parent training
- Behavioral Intervention Plan

Signature of Parent or Student if over the age of 18 (unless court-appointed guardian is in place)

Meeting Request

Important to request a meeting to discuss rejected portions of an IEP

Stay-put Rights – student stays in last IEP approved program until IEP disputes are resolved. Not a long-term solution.



Coming this Spring!

NEW FCSN IEP Skill Training Modules:
Practical hands-on training in key IEP areas

- Crafting Effective Student/Parent Concern
- Advancing Your Student's Voice Throughout the IEP
- Understanding Goals: From Objectives and Benchmarks to Effective Progress
- Deriving Meaningful Accommodations Verses Instructional Modifications
- Bringing Forth Family Knowledge through Data Collection



Sign up for one of these FREE trainings! - <https://fcsn.org/new-iep/>

FCSN's Basic Rights presentations will reflect the new IEP form this Fall



Thank You

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Online Intake Form
<https://fcsn.org/fcsn-intake-form/>



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Questions?

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