

The New MA IEP



MA has not had a new IEP form since 2001

- Is a new form – it is not a new process
- Similarities from the existing form to the new form
- Introduces new focus and concepts
- New terms and change of language (in some parts)



Crosswalk

- The new IEP is just that, a new form, it is NOT a new process.
- There are crosswalks between the 2001 document and the new document.
- Strategies and approaches that you are familiar with may likely crosswalk to the new IEP.
- There are new terms to learn, but the process remains the same.

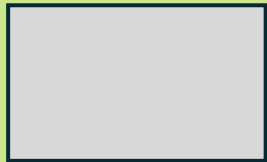


Two obvious differences

- 2001 document
 - Eight pages
 - Portrait layout



- 2024 document
 - 16 pages
 - Landscape layout





Some basic differences between the old and new IEPs

2001 Form

- Eight pages
- Parent and/or student concerns
- Student strengths/key evaluations summary
- No specific place to identify disability category – primary, secondary, tertiary
- PLEP A and PLEP B
- Transition Planning Form (TPF) separate
- Accommodations/modifications on two separate pages
- Current Performance Level
- Goals and objectives
- Nonparticipation justification
- One service delivery grid

2024 Form

- Sixteen pages
- Student and parent concerns
- Evaluation results distributed across pages
- Disability categories checklist – no more primary, secondary, tertiary
- Four Present Levels pages (no acronyms)
- Transition planning part of the IEP
- Accommodations/modifications on dedicated page
- Baseline (data, data, data)
- Goals with specific requirements
- Participation in general education setting
- Two service delivery grids (school year and ESY)



2001 document

The screenshot displays the Microsoft Word interface with the "Individualized Education Program" form open. The ribbon at the top shows various tabs like Home, Insert, Draw, Design, Layout, References, Mailings, Review, View, Developer, Table Design, Layout, and Tell me. The form itself contains several input fields and sections:

- IEP Dates:** from [] to []
- Student Information:** Student Name: [], DOB: [], ID#: [], Grade/Level: []
- Parent and/or Student Concerns:** What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?
- Student Strengths and Key Evaluation Results Summary:** What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments? What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and lack of expected progress, if any?
- Vision Statement:** What is the vision for this student? Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.

Two annotations highlight specific parts of the form:

- A blue box labeled "Parent and/or Student Concerns" with an upward-pointing arrow indicates the location of the "Parent and/or Student Concerns" section.
- A blue box labeled "Statement written as 'It is n's vision'" with a rightward-pointing arrow indicates the location of the "Vision Statement" section.

(For the purposes of special educational decision-making, "parent" shall mean father, mother, legal guardian, or other individual appointed in accordance with federal law.)

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

An important aspect of the new IEP is the focus on student voice first. What are the student's concerns as well as the parents. Not just solely parent concerns

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 early 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:

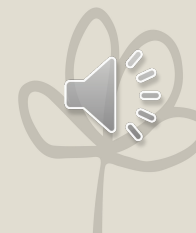
For students of all ages, the vision statement is in their voice. Note the use of “I” statements.

Additional Team Vision Ideas

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

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

Note that other Team members respond to the student's vision and not necessarily create a new or Team vision for the student.



2001 document

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Individualized Education Program

IEP Dates: from to

Student Name: DOB: ID#: Grade/Level:

Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?
What is the student's type of disability(ies), general education performance
including MCAS/district test results, achievement toward goals and lack of expected progress, if any?

What is the student's type of disability? Sometimes beginning, middle, or end of this section.

Vision Statement: What is the vision for this student?
Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14,
the statement should be based on the student's preferences and interest,
and should include desired outcomes in adult living, post-secondary and working environments.

Page 1 of 12 2012 words English (United States)

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, including any 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

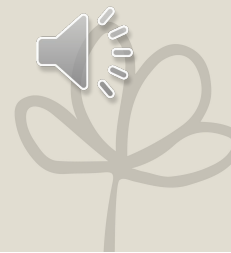
If yes, this need will be addressed in the following section(s) of the IEP:

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

There is now a specific location for the student's disability or disabilities. It is no longer necessary to identify primary, secondary, or tertiary levels.


Throughout the IEP Teams identify other sections where needs will be addressed.

Teams identify whether the student is an identified English learner and any program or language needs of the student. In addition, the new IEP provides a location to identify assistive technology devices or services.



2001 document – Present Levels of Educational Performance – General Curriculum

- Often referred to as “PLEP A”



Present Levels of Educational Performance

A: General Curriculum

Check all that apply.

| | |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> English Language Arts | General curriculum area(s) affected by this student's disability(ies): Consider the language, composition, literature (including reading) and media strands. |
| <input type="checkbox"/> History and Social Sciences | Consider the history, geography, economic and civics and government strands. |
| <input type="checkbox"/> Science and Technology | Consider the inquiry, domains of science, technology and science, technology and human affairs strand. |
| <input type="checkbox"/> Mathematics | Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands. |
| <input type="checkbox"/> Other Curriculum Areas | Specify: |

How does the disability(ies) affect progress in the curriculum area(s)?

2001 document – Present Levels of Educational Performance – Other Educational Needs

- Often referred to as “PLEP B”

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Present Levels of Educational Performance

B: Other Educational Needs

Check all that apply.

| | | |
|------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adapted physical education | <input type="checkbox"/> Assistive tech devices/services | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students) | <input type="checkbox"/> Communication (deaf/hard of hearing students) |
| <input type="checkbox"/> Extra curriculum activities | <input type="checkbox"/> Language needs (LEP students) | <input type="checkbox"/> Nonacademic activities |
| <input type="checkbox"/> Social/emotional needs | <input type="checkbox"/> Travel training | <input type="checkbox"/> Skill development related to vocational preparation or experience |
| <input type="checkbox"/> Other <input type="text"/> | | |

Age-Specific Considerations

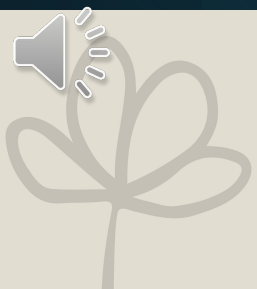
☐ For children ages 3 to 5 — participation in appropriate activities

☐ For children ages 14* (or younger if appropriate) — student's course of study

☐ For children ages 16 (or younger if appropriate) to 22 — transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

Page 4 of 12 2012 words English (United States) 219%



There are four Present Levels of Academic Achievement and Functional Performance pages known as “Present Levels”

No more acronyms! This is NOT a PLAAFP

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.

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

Current performance replaces Student Strengths/Key Evaluation Results Summary from the 2001 form. Evaluation results are now distributed across the relevant Present Levels pages. In this case academic evaluation results are inserted in this column

Each Present Levels page is divided into three columns. Current performance, Strengths/interest areas/preferences, and Impact of the disability.

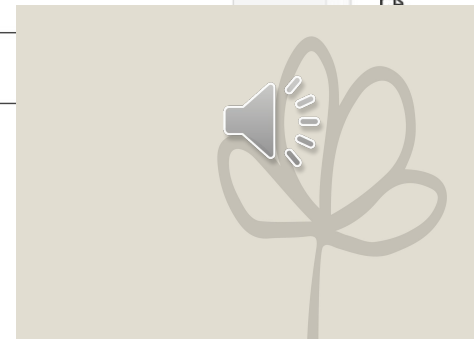
On this, and subsequent pages autism-specific questions begin to appear

Autism-Specific Question: Does the student have needs resulting from the disability that impact progress in the general 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:

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



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PRESENT LEVELS OF ACA

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | SOCIAL/EMOTIONAL Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities |
| | | |

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.

Teams use this section of the IEP to describe and identify any skills, proficiencies, or needs of the student to avoid or respond to bullying, harassment, or teasing.

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:

| | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <div><div>Accommodations/Modifications</div><div>Goals/Objectives</div></div> | <div><div>Services Delivery Grid</div><div>Additional Information</div></div> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

This is the second of four Present Levels pages. Note that each Present Levels page continues in the three-column format

Note the continuation of autism-specific questions. Also note the box to identify other locations in the IEP where needs will be addressed.

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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 replacing the 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 to use 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 |

Teams use this part of the document to identify any augmentative or alternative communication (AAC) needs of the student, and how these will be addressed in other IEP sections.

A speaker icon with sound waves, indicating that there is audio content associated with this section of the document.

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 |

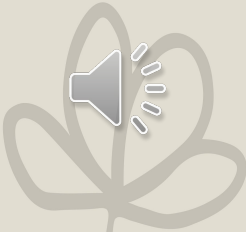
☐ Screen readers or other assistive technology are needed and will be addressed in the following section(s) of the IEP:

| | |
|-------------------------------------------------------|-------------------------------------------------|
| <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 |

These boxes appear again specific to student needs



The next three pages of the document are distinct by the dotted green line indicating that these are transition planning pages for students aged 14 and older, or students 13 years of age who will turn 14 in the IEP year.

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:

- ☐ Accommodations/Modifications
☐ Goals/Objectives

- ☐ Services Delivery Grid
☐ 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?

* The dotted line indicates that this page of this IEP is dedicated to secondary transition planning.

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?

* The dotted line indicates that this page of this IEP is dedicated to secondary transition planning.

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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="text"/>)* <input type="radio"/> No (If so, date the 688 referral will be submitted: <input type="text"/>)* <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"/> |

* The dotted line indicates that this page of this IEP is dedicated to secondary transition planning.



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What type(s) of accommodation, if any, is necessary for the student to make effective progress?

Accommodations often in list format

Accommodations sometimes
in categories of setting,
presentation, timing and
response

What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?
Check the necessary instructional modification(s) and describe how such modification(s) will be made.

☐ Content:
☐ Methodology/Delivery of Instruction:
☐ Performance Criteria:

Three categories of modifications

Page 2 of 122008 wordsEnglish (United States)

Accommodations often in list format

Three categories of modifications

The new IEP provides a dedicated page for necessary accommodations and modifications for the student rather than having them distributed across two pages as in the 2001 document.

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 | | | | |

Accommodations in the new IEP are distributed across four types; presentation of instruction, response, timing and/or scheduling, and setting and/or environment. This format eliminates the list format of accommodations as often seen in the 2001 document.

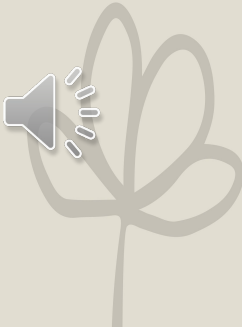
Modifications: List the modifications, if any, that are needed to the student's program so they can meet their goals, make progress, and participate in activities alongside students with and without disabilities. Leave blank any boxes that are not appropriate for the student.

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

Modifications are distributed across three types as in the 2001 document.

Methodology/delivery of instruction is now Instruction

Performance Criteria is now Student Output



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State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:

[Text box]

Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting an "X" in the corresponding box for column 1, 2, or 3.

1. Assessment participation:
Student participates in
on-demand testing under routine
conditions in this content area.

2. Assessment participation:
Student participates in
on-demand testing with
accommodations in this content
area. (See 1 below)

3. Assessment participation:
Student participates in alternate
assessment in this content area.
(See 2 below)

| CONTENT AREAS | COLUMN 1 | COLUMN 2 | COLUMN 3 |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| English Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History and Social Sciences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mathematics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Science and Technology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

❶ For each content area identified by an X in the column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

[Text box]

❷ For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

[Text box]

NOTE

When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

Identifies assessments planned for the IEP year →

Identifies whether accommodations are needed →

Identifies whether alternate assessment is planned →

Page 10 of 12 2008 words English (United States) Focus

The state and/or districtwide assessment page is not dramatically different from the 2001 document. We still identify the planned assessments, whether testing accommodations are required, or if a student participates in alternate assessments

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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.

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.

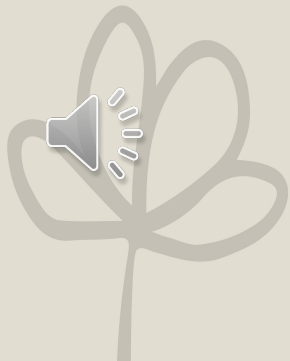
Please indicate which testing accommodations the student requires:

| 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: |
| | | | |



2001 document – Goal Focus, Current Performance Level, Measurable Annual Goal, Benchmarks/Objectives

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Current Performance Levels/Measurable Annual Goals

| Goal # | Specific Goal Focus: |
|--------|----------------------|
| | |

Current Performance Level: What can the student currently do?

Area of need that results from the disability

Narrative regarding the area of need (goal focus)

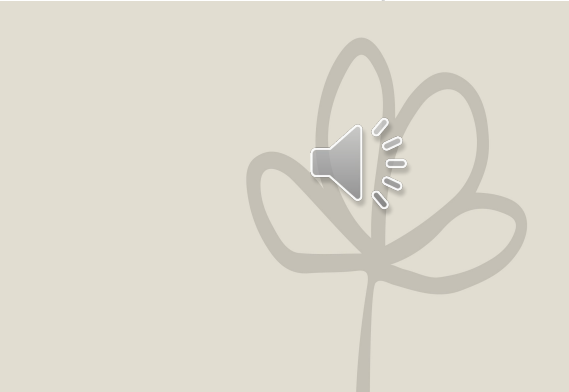
Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?
How will we know that the student has reached this goal?

The overarching goal for the IEP year

Benchmark/Objectives: What will the student need to do to complete this goal?

The steps toward the goal

Page 6 of 12 2003 words English (United States) Focus



The goal page is laid out differently than goal pages in the 2001 document.

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? | | What measurement will be used to determine whether the goal has been achieved? | How will progress be measured? | How frequently will progress be measured? |
| | | | | Who will monitor progress? |
| | | | | |

The goal area is an area of need previously identified in the Present Levels pages (column three).

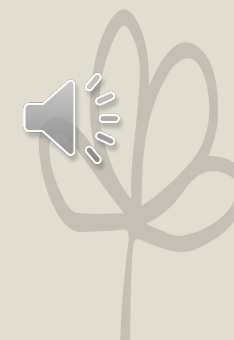
Baseline (formerly Current Performance Level) is a data-based summary of the student's goal focus skills

Goals are written in a structured format of four columns identifying; the targeted skill, criterion/criteria, method, and schedule. In addition, the fifth column identifies the person or persons responsible for monitoring the goal. Multiple people responsible for a goal means a more holistic view of the student's skills/needs rather than compartmentalized approaches of the past.

SCHEDULE OF PROGRESS REPORTING

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

The last two elements on this page focus on benchmarks or short-term objectives and the schedule of progress reporting



2001 document – Service Delivery

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Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: ☐ 5 day cycle ☐ 6 day cycle ☐ 10 day cycle ☐ other:

A. Consultation (Indirect Services to School Personnel and Parents)

| Focus on Goal # | Type of Service | Type of Personnel | Frequency and Duration/Per Cycle | Start Date | End Date |
|-----------------|-----------------|-------------------|----------------------------------|------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B. Special Education and Related Services in General Education Classroom (Direct Service)

| Focus on Goal # | Type of Service | Type of Personnel | Frequency and Duration/Per Cycle | Start Date | End Date |
|-----------------|-----------------|-------------------|----------------------------------|------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

C. Special Education and Related Services in Other Settings (Direct Service)

| Focus on Goal # | Type of Service | Type of Personnel | Frequency and Duration/Per Cycle | Start Date | End Date |
|-----------------|-----------------|-------------------|----------------------------------|------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(United States) Focus 137%

Consultation/Indirect Services

Services in the General Education Classroom

Services in Other Settings

2001 document – Nonparticipation Justification

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Individualized Education Program

Student Name:

Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP 5—Service Delivery, Section C.)

☐ No ☐ Yes If yes, why is removal considered critical to the student's program?

IDEA 2004 Regulation 20 U.S.C. §612 (a) (5).550: "... removal of children with disabilities from the regular educational **only when** the nature or severity of the disability of a child is such that education in regular classes with the use of such services cannot be achieved satisfactorily." (Emphasis added.)

Page 8 of 12 1997 words English (United States)

This statement has always been a response to removal from the general education classroom. The new form starts with the assumption of participation in the general education classroom.



Another change in this document is rather than justifying nonparticipation after the service delivery grid, Teams consider participation in the general education setting BEFORE creating the service delivery and then create the grid to reflect those considerations.

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

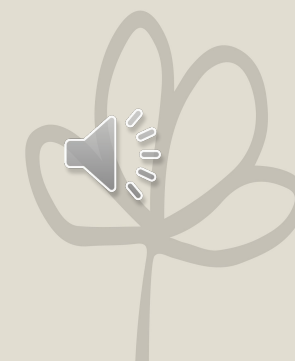
If no, provide an explanation of the extent to which the student will not participate in general education. Include a description of the specific supplementary aids and services considered before determining that the student would be removed from a general education class or activity.

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 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) | | | | | | |
| | | | | | | |

The service delivery grid on the new IEP only differs slightly from the 2001 document. We still have the A, B, and C grids but a new column of location of services is added.



2001 document – Schedule Modification and Transportation

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Schedule Modification

Shorter: Does this student require a *shorter school day or shorter school year*?

☐ No ☐ Yes — shorter day ☐ Yes — shorter year If yes, answer the questions below.

Longer: Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

☐ No ☐ Yes — longer day ☐ Yes — longer year If yes, answer the questions below.

How will the student's schedule be modified? Why is this schedule modification being recommended?
If a longer day or year is recommended, how will the school district coordinate services across program components?

Transportation Services

Does the student require transportation as a result of the disability(ies)?

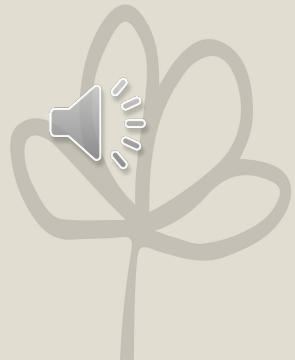
☐ No Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.

☐ Yes Special transportation will be provided in the following manner:

☐ on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:

☐ on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

Page 8 of 12 1 of 1997 words English (United States)





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

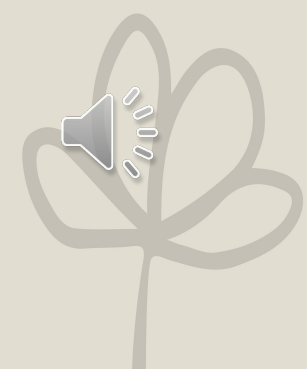
Does the student require a different duration to their school program, including the length of their day or year so that they can receive a free appropriate public education?

☐ 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.



A unique aspect of the new IEP is the inclusion of a separate service delivery grid for extended school year. This should provide clarity to Teams regarding school year and extended school year services where the 2001 document did always make a clear distinction.

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 __ × __ 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

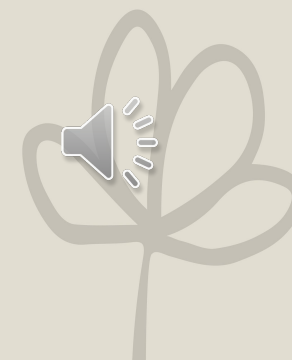
- ☒ Transportation will be provided in the same manner as it would be provided if the student were located at a school **other** than the school they would have attended.
- ☐ The student requires transportation supports and/or services as a related service.
- ☐ Student will be transported on a **regular** 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):

Not only is there a place for ESY service delivery grid the new IEP provides space for Teams to identify ESY transportation needs separate from school year transportation needs.



The final page of the new IEP is like that of the 2001 document. The Team is afforded the opportunity to identify any additional information not previously stated in the IEP and a response section for school personnel and parents.

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).

There will likely be less need to use this section than in the past. Things that formerly went here now have a place in the new IEP form.

RESPONSE SECTION

School Assurance: I certify that the goals in this IEP are those recommended by the 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.

☐ I accept this IEP as developed.

☐ 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:

☐ 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:

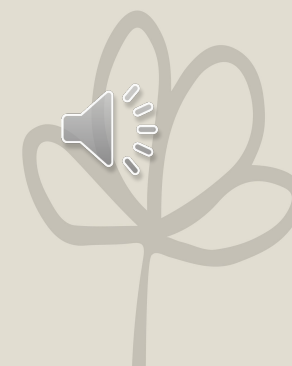
**** Student signature is required once a student reaches 18 unless there is a court-appointed guardian.**

Meeting Request

☐ I request a meeting to discuss the rejected IEP or rejected portion(s).

16

16





thank you



blume method



Allan S Blume,
Ed.S.

Special Educator,
Associate Professor,
Educational Consultant