



FEDERATION FOR CHILDREN  
WITH SPECIAL NEEDS

## Parent Training and Information Center Basic Rights: Understanding the IEP



INFORMING, EDUCATING, EMPOWERING FAMILIES

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### Who we are



FEDERATION FOR CHILDREN  
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The Federation for Children with Special Needs promotes quality education, parent participation and access to quality health care services for all children, especially those with disabilities.

The Parent Training and Information Center is a project of the Federation. It provides free information, support, technical assistance and affordable workshops to families who have children with disabilities and the professionals who work with them.

**PTiC**



The contents of this workshop were developed under a grant from the US Department of Education, #H328M140014. However, the contents do not necessarily represent the policy of US Department of Education; you should not assume endorsement by the federal government.



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## Workshop Agenda

1. What is an IEP?
2. Why it is important?
3. How is the IEP developed?
4. What information belongs in each section of the IEP and why?
5. What to do when you receive a proposed IEP
6. Your options if you don't agree



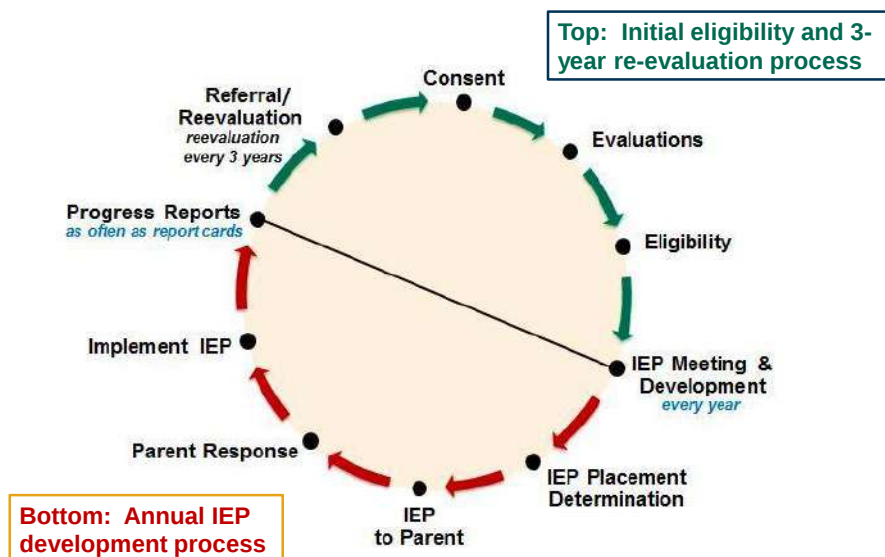
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## Special Education Process Overview



## What is an IEP and Why is it Important?

Individualized Educational Plan (IEP) is a written educational plan designed to ensure that the unique individual needs of a school aged child with a disability are addressed

The IEP has 2 general purposes:

1. To set reasonable learning goals for the child
2. To establish the services that the school will provide for the child



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## Who Develops the IEP?

Team as a whole develops the IEP, including:



1. Parents (through an interpreter, if needed)  
child with a disability if over age 14 or otherwise appropriate
2. Special and general education teachers
3. District representative who has knowledge of district resources See 34 CFR 300.321
4. Individual who can interpret instructional implications of evaluation results
5. Others with knowledge and special expertise including related service providers

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## How is the IEP Developed?

IEP Team meets to discuss & develop the IEP based on the evaluations and observations:

Once a year - including for the 3 year re-evaluation - *at a time parents and school mutually agree* See 34 CFR 300.322(a)(2)

Team members must attend unless parents agree otherwise

Parents can attend electronically (Skype) See 34 CFR 300.322(c)

School will provide a qualified interpreter if needed

Parents may bring someone (let school know in advance)

## IEPs are Based on Appropriate Evaluations

Team considers all evaluations

Parents can get reports 2 days before team meeting if they ask *in writing*

Re-evaluations take place at least every 3 years but may be sooner if warranted

Reports will be translated into parent's native language

*TIP: When signing consent form to get your child tested, write your request for a copy of the report on that form*

## Who Should Have an IEP?

If because of a specific disability:

1. specially designed instruction is required to make effective progress in the general curriculum, and/or
2. related services are needed to access the general curriculum

Disability Categories: See 603 CMR 28.02

- Autism
- Developmental Delay (<9)
- Intellectual Impairment
- Sensory Impairment:  
Hearing/Vision/Deaf Blind
- Neurological Impairment
- Emotional Impairment
- Communication Impairment
- Physical Impairment
- Health Impairment  
(includes ADHD,  
Tourette Syndrome)
- Specific Learning Disability  
(includes Dyslexia)

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## What is Included on the IEP?

- Parent &/or student concerns & vision statement
- Student strengths & key evaluation results summary
- Present levels of educational performance (PLEPS A & B)
- Current performance levels/measurable annual goals
- Service delivery (Grid)
- Nonparticipation justification
- Schedule modification
- Transportation services
- State or district wide assessment
- Additional information
- IEP response section
- Team determination of educational placement



Starting at age 14, TPF is used to draft IEP; it is not part of IEP

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## IEP Page 1: Concerns Strengths & Vision

| Individualized Education Program                                                                                                                                                                                                                                                                                                                                                 |            |            |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|--------------------|
| IEP Dates: from _____ to _____                                                                                                                                                                                                                                                                                                                                                   |            |            |                    |
| Student Name: _____                                                                                                                                                                                                                                                                                                                                                              | DOB: _____ | ID#: _____ | Grade/Level: _____ |
| <b>Parent and/or Student Concerns</b><br>What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?                                                                                                                                                                                                                    |            |            |                    |
| <b>Parent &amp;/or Student Concerns</b>                                                                                                                                                                                                                                                                                                                                          |            |            |                    |
| <b>Student Strengths and Key Evaluation Results Summary</b><br>What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?<br>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? |            |            |                    |
| <b>Student Strengths &amp; Key<br/>Evaluation Results</b>                                                                                                                                                                                                                                                                                                                        |            |            |                    |
| <b>Vision Statement:</b> What is the vision for this student?<br>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.                                     |            |            |                    |
| <b>Vision Statement</b>                                                                                                                                                                                                                                                                                                                                                          |            |            |                    |

IEP page 1  
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## Parent Concerns Statement for Team Meeting and IEP

Parent concerns is where parent informs school in writing of child's challenges and parent's perspective on whether child is making progress with the current services



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## Student's Strengths & Evaluation Results

What do they do *well* at home, at school in the community?

What do they *like* to do?

What were their evaluation results and MCAS scores?

Were last year's IEP goals met?



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## What Goes in a Vision Statement?

What do you envision for your child in the next 1 – 5 years?

For students 14+, include student's interests and preferences (even if not realistic)

Vision can include:

- Academics
- Social/emotional
- Extracurricular activities
- Post-secondary education, living and working (ages 14+)



Bring your written parent concerns and vision statement to team meeting to be included in the IEP

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## Present Levels of Performance (PLEPS A & B) IEP Pages 2 & 3

**Present Levels of Educational Performance**  
**A: General Curriculum**

Check all that apply.

|                                                      |                                                                                                                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> English Language Arts       | <b>General curriculum area(s) affected by this student's disability(ies):</b><br>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)?

**How does the disability affect progress in these areas?**

**Areas affected by disability**

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

**What accommodations are needed to make effective progress?**

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

**Specially designed instruction/modification**

IEP page 2  
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## Closer Look at Top Half of PLEP A

**Present Levels of Educational Performance**  
**A: General Curriculum** IEP pages 2 & 3

Check all that apply.

|                                                      |                                                                                                                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> English Language Arts       | <b>General curriculum area(s) affected by this student's disability(ies):</b><br>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)?

- **Make sure that all areas in which student needs help are checked off**
- **Teachers need to know how disability affects student's progress**
- **Language based learning disorders can affect all areas**

## Closer Look at Top Half of PLEP B

### Individualized Education Program

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

### Present Levels of Educational Performance

#### B: Other Educational Needs

##### Check all that apply.

- ☐ Adapted physical education
- ☐ Braille needs (blind/visually impaired)
- ☐ Extra curriculum activities
- ☐ Social/emotional needs
- ☐ Other \_\_\_\_\_

##### General Considerations

- ☐ Assistive tech devices/services
- ☐ Communication (all students)
- ☐ Language needs (LEP students)
- ☐ Travel training
- ☐ Behavior
- ☐ Communication (deaf/hard of hearing students)
- ☐ Nonacademic activities
- ☐ Skill development related to vocational preparation or experience

##### 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

## Closer Look at Bottom of PLEPs A & B

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

**If many accommodations are needed, a second page may be used**

Accommodations should be implemented by all teachers and other staff as appropriate

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:

**Specially designed instruction is special education**

These should be done by a special education teacher

## What is an Accommodation?

### 1. Change within the learning environment

### 2. Allows access to the same information

- Extended testing time
- Preferred Seating (specify where)
- Digital Books
- Sensory breaks
- Reading/Writing Software
- Use of a graphic organizer

[34 CFR 300.42]



IEP pages 2 & 3

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## What is Instructional Modification?

Special Educator designs changes to:



Content

Methodology/Delivery of  
Instruction

Performance Criteria

*Tip: If content is heavily modified, child may have difficulty passing MCAS or experience greater challenges accessing curriculum in higher grades*

IEP page 2 & 3

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## Supplementary Aids & Services are Included

Services such as OT, S/L, assistive technology, & many others are provided in:

- regular education classes
- other education-related settings and
- extracurricular nonacademic settings



to enable children with disabilities to be educated with nondisabled children to maximum extent appropriate

See 34 CFR 300.42

IEP pages 2 & 3  
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## Current Performance Levels (CPL)

*How is it different from PLEP?*

### CPL



- Specific
- Limited to goal area
- Focused on skill building
- Used to write a goal

### PLEP



- General
- Focused on progress in the general curriculum
- Used to write accommodations and modifications

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## What is a Measurable Annual Goal?

A goal must have an outcome that can be **objectively measured** and the criteria for that measurement must be clearly described in the goal.

You should be able to objectively determine how much progress has been made at any time using collected **data**.



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## 3 Parts to a Good Goal

**TARGET** – What skill/behavior you want to student to have

**CONDITION** – How the student should show that skill behavior (*needs to be observable*)

**CRITERIA** – How you will know the student has reached the goal

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## Anna's Measurable Goal

Remember there are 3 parts to a good goal:  
**TARGET SKILL** *Condition* *Criteria*



### Anna's Measurable Annual Goal:

In one year, Anna will read aloud from a 2<sup>nd</sup> grade progress monitoring reading fluency selection, 87 words correctly in one minute with greater than 90% accuracy.

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## Current Performance Level

What can the student currently do?

### Current Performance Levels/Measurable Annual Goals

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

Current Performance Level: What can the student currently do?

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.

Specific, focused on skills and goal area



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## Annual Goal

What do you want the student to be able to do in 1 year?

**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?

**In one year**, Anna will read aloud from a 2<sup>nd</sup> grade progress monitoring reading fluency selection, 87 words correctly in one minute with greater than 90% accuracy.

This is what the special educator will be working on during the IEP year



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## Benchmark/Objective

What goals can you set to help the student to reach their Annual Goal?

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

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

Benchmarks/objectives will measure child's progress toward Annual Goal

## What Types of Goals

Skills to access academic subjects

Social Emotional Learning (SEL)

*social emotional learning is part of the curriculum*

Life skills

Transition related - ages 14+ (includes independent living, vocational & more)

Related services (Speech/OT/PT)

Every goal must be supported by objectives or benchmarks



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## Service Delivery Grid is Important

The “grid” tells you:

How much time your child spends in special education

What kind of services they receive and to which goals they are tied

Whether service is in a general or special education classroom

What type of staff gives service

How often your child receives each service

When the services end



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## Service Delivery Grid

**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/academic 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 |

**Consults are indirect services: a speech therapist who meets with a teacher about a child**

| 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 |

**Services in "B" grid take place in a general education classroom: an occupational therapist working on hand writing during class**

| 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 |

**Services listed in grid "C" take place outside of general education classroom**

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## Anna's Service Delivery Grid

**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/academic 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  |
| 1                                                                            | Reading         | Reading Teacher   | 5 x 45                           | 9.1.2017   | 6.30.2018 |
|                                                                              |                 |                   |                                  |            |           |
|                                                                              |                 |                   |                                  |            |           |
|                                                                              |                 |                   |                                  |            |           |

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## ESY and Transportation

### 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?

### 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:

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## MCAS Participation

### State or District-Wide Assessment

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

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.

| CONTENT AREAS               | 1. Assessment participation:<br>Student participates in<br>on-demand testing under routine<br>conditions in this content area. |  |  | 2. Assessment participation:<br>Student participates in<br>on-demand testing with<br>accommodations in this content<br>area. (See 9 below) |  |  | 3. Assessment participation:<br>Student participates in alternate<br>assessment in this content area.<br>(See 9 below) |  |  |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------|--|--|
|                             | 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"/>                                                                                               |  |  |

9 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.

9 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.

#### 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.

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## Additional Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------|
| <b>Individualized Education Program</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | IEP Dates: from _____ to _____ |
| Student Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DOB: _____ | ID#: _____                     |
| <p align="center"><b>Additional Information</b></p> <p><input type="checkbox"/> Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.</p> <p><input type="checkbox"/> Document efforts to obtain participation if a parent and if student did not attend meeting or provide input.</p> <p><input type="checkbox"/> Record other relevant IEP information not previously stated.</p> |            |                                |



## Parent's IEP response options

- ☐ **Accept** IEP – what is accepted goes into effect immediately
- ☐ **Reject** IEP – new IEP does not go into effect but last accepted IEP remains in effect
- ☐ **Reject in part, Accept in part** - can exercise “**stay put**” rights for rejected parts, meaning student stays in his or her last IEP program until IEP disputes are resolved
- ☐ Accept or reject **placement**

If no response to an IEP in 30 days it is treated as rejected

New IEP services will not be implemented without signature



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## Placement Consent Form

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**Out of general Ed 20% = Full Inclusion**

**Placement Consent Form – PL1: 6-21 year olds**

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

| Team Recommended Educational Placements                                                                                                                                                      | Corresponding Placement                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (20% inclusion).                                                        | <input type="checkbox"/> Full Inclusion Program                                                                     |
| The Team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time.                                       | <input type="checkbox"/> Partial Inclusion Program                                                                  |
| The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time.                                                                    | <input type="checkbox"/> Substantially Separate Classroom                                                           |
| The Team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves students with disabilities. | <input type="checkbox"/> Separate Day School<br><input type="checkbox"/> Public or <input type="checkbox"/> Private |
| The Team identified that IEP services require a 24-hour special education program.                                                                                                           | <input type="checkbox"/> Residential School                                                                         |
| The Team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting.                                      | <input type="checkbox"/> Other: _____                                                                               |

**Other Authority Required Placements**  
Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited.

The placement has been made by a state agency to an institutionalized setting for non-educational reasons.

A doctor has determined that the student must be served in a home setting.

A doctor has determined that the student must be served in a hospital setting.

☐ The Department of Youth Services has placed the student in a facility for committed or detained youth.

☐ The Department of Mental Health has placed the student in a hospital psychiatric unit or residential treatment program.

☐ The Department of Public Health has placed the student in the Massachusetts Hospital School. ☐ Day or ☐ Residential

☐ The student is incarcerated in the county house of correction or in a department of corrections facility.

☐ Home-based Program

☐ Hospital-based Program

**Out of general ed 21% - 60% = partial inclusion**

**Other options include substantially separate classroom, separate day or residential school, home, institutional or hospital**

**Placement Consent Form**

Location(s) for Service Provision and Dates: \_\_\_\_\_

**Parent Options / Responses**

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.

☐ I consent to the placement.

☐ I refuse the placement.

☐ I request a meeting to discuss the refused placement.

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required signature once a student reaches 18 unless there is a court appointed guardian.

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## Least Restrictive Environment (LRE)

Means that student should be educated:

- In local school
- With general education students
- Learning same material as peers



Removal from general education occurs only when nature or severity of disability is such that education in regular classes with use of supplementary aids and services cannot be achieved satisfactorily



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## Transition Planning Form (TPF)

Required to be attached to every IEP by age 14,  
addresses:



Anticipated Graduation Date

Post-Secondary Vision

Disability Related Needs

Action Plan

Feeds into IEP development of  
Vision and Goals

TPF  
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## Students 18 and Older

At Team meeting before student's 18<sup>th</sup> birthday,  
student needs to decide whether to:

- Take control of decisions about his education,
- Give control of educational decisions to parents or guardians, or
- Share decision making with parents or guardians

Student signs and makes all decisions about  
IEP as of age 18, unless:

- Student has given control over education decisions to parents or guardians
- A court has appointed a guardian that has control over education



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## After the IEP is Accepted



Parents are entitled to progress reports as often as report cards are issued



Parents can ask for a Team meeting if they are concerned about child's progress or to discuss other matters



Team must meet at least once a year to develop a new IEP

School must reevaluate students on IEPs at least every 3 years

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## All Teachers and Service Providers Must:



Have access to IEP

Know their specific responsibilities to put IEP in action

Apply specific accommodations, modifications, and supports included in IEP

See 34 CFR 300.323

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## Procedural Safeguards

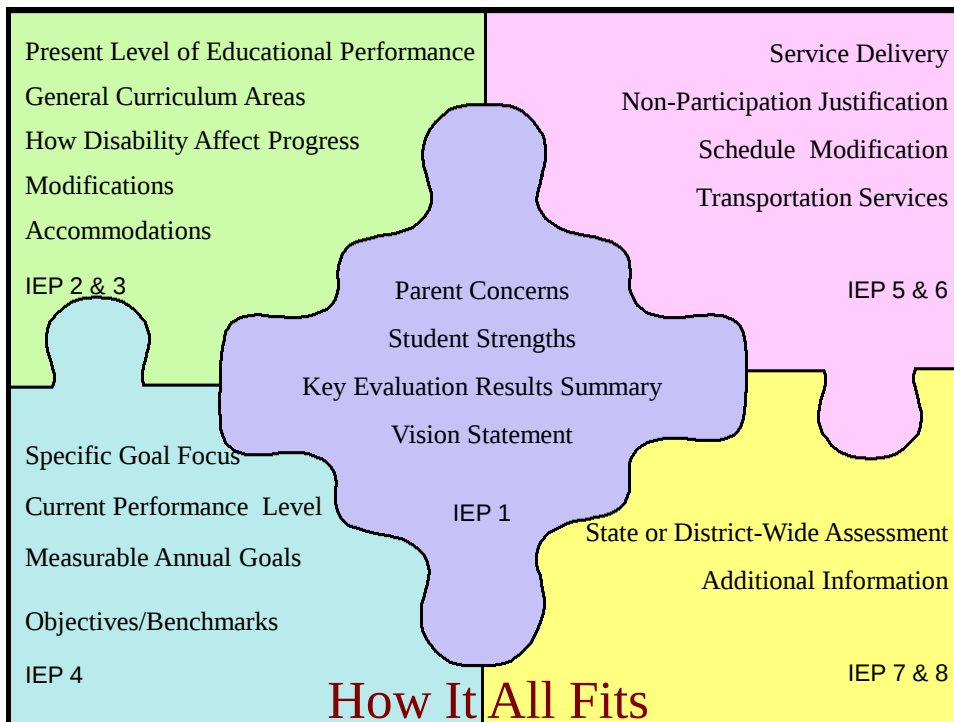
Parents have due process rights under federal and state law, which include various options for parents and school districts to resolve their differences.

### Parent Rights

- Right to Written Notice
- Right to Consent/Reject
- “Stay Put” rights
- Timelines
- Confidential Records
- Program Observation
- Independent Evaluations
- Interpreter and translated documents (if needed)

### Resolving Differences

- Problem Resolution System (PRS)
- Office of Civil Rights (OCR)
- Mediation
- Facilitated IEP Meeting
- BSEA Hearing
- BSEA Resolution Meeting



## Thank You for Coming

The Parent Training & Information Center is funded by a federal grant. To continue receiving the grant, we need to collect the information in the forms below

Please complete these forms:

1. Demographic Data Collection &
2. Workshop Evaluation



Kindly return completed forms to workshop presenter

### Parent Training & Information Center

#### CALL CENTER

**FREE** info about  
*Special Education Rights*  
<http://fcsn.org/ptic/call-center/>  
617-236-7210  
Mon-Fri 10am-3pm

The PTIC provides special education training, information, and support groups to families who speak:  
**Spanish, Portuguese, Chinese and Vietnamese**

#### WORKSHOPS

(FREE to participants)

- Basic Rights
- Discipline & Suspension
- Effective Communication
- AND MORE!**

<http://fcsn.org/ptic/workshops>

#### Parent Consultant Training Institute

An in-depth training for parents in a 54-hour tuition-based program.

<http://fcsn.org/ptic/parent-consultant-training>





FEDERATION FOR CHILDREN  
WITH SPECIAL NEEDS

## Additional Resources

Writing Measurable IEP Goals and Objectives,  
Barbara Bateman and Cynthia M. Herr

Center for Parent Information and Resources:  
[www.parentcenterhub.org/repository/iepgoals](http://www.parentcenterhub.org/repository/iepgoals)



Ensuring Equity and Providing Behavioral Supports to Students  
with Disabilities, OSEP – US Dept. of Education, August 1, 2016  
[http://www2.ed.gov/policy/gen/guid/school-  
discipline/files/dcl-on-pbis-in-ieps--08-01-2016.pdf](http://www2.ed.gov/policy/gen/guid/school-discipline/files/dcl-on-pbis-in-ieps--08-01-2016.pdf)

Federation for Children with Special Needs, [www.fcsn.org](http://www.fcsn.org)

Massachusetts Advocates for Children [www.massadvocates.org](http://www.massadvocates.org)

Massachusetts Department of Education, [www.doe.mass.edu](http://www.doe.mass.edu)