

Compliance: ☐ Notice must be in understandable language 34 CFR 300.503 MUSER pg. 220-221 Appendix 1

			Written N		
				ns (MUSER) Appendix I, 34 (In to parents at leas	
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•			end 10 day	rs prior to account t	for mail
Date Sent to	raciico	<u> </u>	icha io aay		Tor man
Parent:				SAU:	
Child's Name:				School:	
Date of Birth:			Grade:	School Phone:	
Parent/Guardian				School Address:	
Name: Parent/Guardian					
Address:				City, State Zip:	
Parent/Guardian City, State Zip:				School Contact:	
City, state zip. [
Date of Team Meetir	ng:			Date amended IEP/IFS if parent requested a	· ·
Date of agreement f	for			ii pareni requestea a	сору.
amendment without Team					
meeting:	1 Includ	o rol	ovant dates		
Best Practice:				Appendix 1, 34 CFR 300.5	503 for:
					, 66 1611
			erral/eligibility(M	•	
				nt for continued placement	changes including graduation
				eview (MUSER VI.1.B.)	HII(MOSEK AV)
				(MUSER V.1.A (4)(i) & V.3.I	D)
				d transition services(MUSE	•
				(.3.B(5)(a)(i)and (ii))	K 1X.3.74(1)(11))
			•	ion(MUSER VI.2.C(2))	
		=		Part B(MUSER VI.2.C(1))	
				nent(MUSER V.1.A(4)(a)(ii)))
				nnual IEP meeting(MUSER	•
				or MUSER IX.3.D(1)(a))	17.0.0(7)
		mer (e.	9., MUSEK IA. 1.D	01 MUSEK 17.3.D(1)(U))	

Best Practice: ☐ Check one (or multiple) to indicate purpose of the meeting

[Reminder: per LD 489, the Individualized Education Program (IEP) Team for children identified under 619 must make a determination about extended school year (ESY) services at every IEP Team meeting; the IEP Team may make a determination about ESY services based on available data, including information about a child's disability, even if an interruption in service has not occurred; and, in accordance with the federal Individuals with Disabilities Education Act of 2004, 20 United States Code, sections 1400 to 1485 (2008), a regional site may not unilaterally limit the duration of ESY services.]

Child's Name:	Date:
Dear ,	
identification, evaluation or education age birth to 2 years, or a free approprimust be provided the following notice: Compliance: Must be compliance:	which the school unit proposes or refuses to initiate or change the nal placement or provision of early intervention services for your child rate public education (FAPE) to your child age 3 through 20 years, you (MUSER Appendix 1, 34 CFR 300.503): given to parents at least 7 days prior to the date s to initiate or change identification, evaluation, or the provision of FAPE
proposed or refused by the SAU: <u>Compliance:</u> Descri	he referral, evaluation, identification, programming or placement ption of the action(s) proposed or refused posals/refusals will begin
meeting. ☐ Think of this as your o	erminations made by the Team during the IEP outline or table of contents for the IEP being ation of the IEP should be discussed, and
 Statement Parents ca If par Disability: Deter reevaluation Mention th Considerations: 	n: Parental waiver noted for IEP begin date of offer of Procedural Safeguards nnot waive 7-day notice if: ent doesn't attend the meeting minations of disability only at initial and e form used to determine adverse effect Document those the IEP Team agreed applicable ELL, communication needs, etc.
4. Academic and and Needs:	Functional/Developmental Evaluations, Strengths tions completed and/or data collected to make

7. Special Education and Related Services: Determined by the IEP Team

6. Supplemental Aids, Services, Modifications, and/or Supports:

o Specifics to be determined at the local level

5. Measurable annual goals: Determined by the IEP Team

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Determined by the IEP Team

Child's Name: Date:

2.	Explain why the SAU is proposing or refusing to take the above action(s): Compliance: Explanation of why the SAU proposes or refuses to take the action(s)		
	Best Practice: Descriptions and evidence of all determinations made by the Team		

- 1. Child Information: Parental waiver noted for IEP begin date
- 2. Disability: Determinations of disability and what data and evaluation scores supported the decision of the Team, determined at the initial or reevaluation review only.
- 3. Considerations: Provide specific data that the IEP Team considered in order to determine necessary goals, services, accommodations.
 - a. Document why the team agreed upon these considerations
- 4. Academic and functional/developmental evaluations, strengths and needs (skill gaps)
- 5. Measurable annual goals: These were addressed, based on the data the team considered.
 - Goals should be written to address distinctly measurable and persistent gaps that can be reasonably achieved within one year.
- 6. Supplementary aids, services, modifications, and/or supports: Determined by the team and data that supports the decision.
 - a. Only need to document changes made (deletions or additions), after the initial.
- 7. Special Education and Related Services: All services that have been determined by the team and data that supports the decision.

Child's Name: Date:

3.	Describe each evaluation procedure, assessment, record or report the SAU used as a basis for the proposed or refused action(s):		
	Compliance: Description of each evaluation procedure, assessment		
	record, or report used as a basis for the proposed or refused action		
	Best Practice:		
	☐ Reflects the <u>Team discussion and supporting data</u> of what decisions		
	were made for the IEP and how they were supported.		

- 1. Child Information: Not addressed in this section
- 2. Disability: Not addressed in this section
- 3. Considerations: Not addressed in this section
- 4. Academic and functional/developmental evaluations, strengths and needs: How do the most recent evaluations and assessments of the child support the goals (academic and functional) developed for the IEP?
 - a. Data collected in the educational setting
- 5. Measurable annual goals that are supported by data and evaluations.
- 6. Supplementary aids, services, modifications, and/or supported by data and evaluations.
- 7. Special education and related services supported by the evaluation data.

С	hild's Name: Date:
4.	Describe any other options that the Team, which includes the parent, considered and the reasons why those options were rejected: Compliance: Description of other options that the IEP Team considered and the reasons those options were rejected
	considered and the reasons mose options were rejected
	Best Practice: ☐ Statement of the Team decision for the least restrictive environment for
	the student.
	 Least restrictive environment must be discussed at every IEP meeting Continuum of LRE and offer of FAPE which extends back to general education
	 SPPS LRE guidelines pg. 120 of MUSER
5.	Describe any other factors that are relevant to the SAU's proposed or refused action(s) described above:
	<u>Compliance:</u> □ Description of other factors that are relevant to the SAU's proposal or refusal
	Best Practice: ☐ Any other factors that might have impacted the decisions of the IEP Team. ☐ ELL/MLL concerns
	☐ Behavioral concerns that might be addressed outside the school setting as well (counseling)
6.	Description of the points made by the parent including the parent's description of their child's progress: Compliance: Include a summary of comments made by the parents, including the parents' description of their child's progress
	Best Practice: Parent opportunity to be included in the IEP process and describe their child's program.
saf init	parents of a child with a disability or (suspected disability) you have protections under the procedural feguards of the MUSER. For initial referrals, a copy of those safeguards is enclosed. For reasons other than rial referrals, 34CFR 300.504 describes circumstances when you are required to be given a copy. ompliance: Statement that the parents have protection under the rocedural safeguards, if this notice is not an initial referral, the means by
w	hich a copy of a description of the procedural safeguards can be obtained

Child's Name:	Date:
procedural safeguards or how to ok Process office of the Maine Departr Maine Parent Federation (1-800-870 Parent Awareness (207-324-7955) or Compliance: Sources	for parents to contact to obtain assistance in
understanding the provisi	ons of this part
Team members attending Team me IX.3.C(4) & (6) and MUSER IX.3.C(4).	eeting or informed of the changes to the plan as defined in MUSER
Name and Position	Date
1.	
2. 3.	
4.	
5.	
6.	
7.	
8.	
9.	and titles of a sole manusches
<u>Compliance:</u> Names	and titles of each member
On	ly needed for initial provision of services
	itial provision of special education and when appropriate, related ture is needed for initial provision of special education and related
Parent Signature:	
Date:	
Enclosures may be included within	this document and recorded below:
•	ts being sent with WN, such as Procedural ms, consent to evaluate, etc.
	entation Compliance: