

**IEPs**

**– Individualized Education Program –**

**Massachusetts New IEP Form**  
**A brief introduction**

# **Why Is there a new IEP form?**

- **Result of DESE Improvement Project started 10+ years ago & released 2023!**
- **All districts are expected to use the new form by Fall 2024.**
- **PVCICS is using new form for all new and revised IEPs starting this school year.**

## **Parts of an IEP still include:**

**Parent & Student Concerns**

**Vision Statement**

**Student Strengths & Interests**

**Present Levels of Performance**

**– (formerly PLEP A&B)**

**Bullying discussion**

# **Parts of an IEP (continued!)**

**Goals**

**Service Delivery (aka Service Grid)**

**Non-Participation Justification statement**

**Schedule Modification (ESY, aka summer)**

**State & District-wide Assessment**

**Additional Information**

## STUDENT AND PARENT CONCERNS

### 34 CFR 300.324(a)(1)

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

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

# Current Form: IEP 1 (Bottom)

## **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.

# STUDENT AND TEAM VISION

## 34 CFR 300.320(b)

<b><i>Student's Vision (ages 3–13)</i></b>	
This year, I want to learn:	
By the time I finish (circle one: elementary or middle school), I want to:	
<b><i>Student's Vision/Postsecondary Goals (required for ages 14–22, may be completed earlier if appropriate)</i></b>	
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:	
<b><i>Additional Team Vision Ideas</i></b>	
In response to the student's vision, this year:	
In response to the student's vision, in 5 years:	

## Disability Type (p. 2 top)

[34 CFR 300.8](#)

[603 CMR 28.02\(7\)](#)

The student is identified as having the following disability or disabilities.

Include all that apply.

Autism

Communication  
Impairment

Developmental Delay  
(ages 3–9)

Emotional Impairment

Health Impairment

Intellectual Impairment

Neurological Impairment

Physical Impairment

Sensory Impairment

Hearing

Vision

Deaf-Blind

Specific Learning Disability



**Previously, 2 sections for**

**Present Level of Educational Performance (PLEP):**

**PLEP A - General Curriculum (Academic)**

**& Everything else**

**PLEP B - Other Educational Needs(Social/Behavior/Communication)**

**Now we have 4 separate sections for Present Levels of Performance:**

# **Present Levels of Academic Achievement & Functional Performance**

**PLAAFP: Academics**

**PLAAFP: Behavioral / Social / Emotional**

**PLAAFP: Communication**

**PLAAFP: Additional Areas** (such as activities of daily living, health, hearing, motor, sensory, vision)

## 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.

	<b>Presentation of Instruction</b> The way information is Presented.  <b>(Teacher)</b>	<b>Response</b> The way the student Responds.  <b>(Student)</b>	<b>Timing and/or Scheduling</b> The timing and scheduling of the instruction.  <b>(Teacher)</b>	<b>Setting and/or Environment</b> The characteristics of the setting.  <b>(Room Space)</b>
Classroom accommodations	Provide editing checklist	Use graphic organizer for pre-writing	Redirect student to task Warm calling	Wiggle cushion when needed
Nonacademic settings (lunch, recess, etc.)	Bathroom log	Student chooses lunch table		
Extracurricular activities				
Community/workplace				

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

	<b>Content</b>	<b>Instruction</b>	<b>Student Output</b>
Classroom Modifications	<p>Gradually increase number of spelling words to scaffold up to grade level spelling lists by end of IEP period</p> <p>Focus on essential questions and power standards at grade level</p>	Provide direct, explicit, individualized instruction to teach new concepts and skills.	<p>Grade student based on completed work only</p> <p>Dictation of answers on all written response assignments longer than two sentences</p>
Nonacademic settings (lunch, recess, etc.)	Modification of attendance policy excusing absences due to migraines		
Extracurricular activities			
Community/workplace			

## MEASURABLE ANNUAL GOALS (academic, social emotional, etc.)

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.

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

## SCHEDULE OF PROGRESS REPORTING

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

## SERVICE DELIVERY (to support the goals)

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 __ × __ minutes per __- day cycle	Start Date	End Date
<b>A. Consultation (Indirect Services to School Personnel and Parents)</b>						
<b>B. Special Education and Related Services in General Education Classrooms (Direct Service)</b>						
<b>C. Special Education and Related Services in Other Settings (Direct Service)</b>						

# 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.

# 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
<b>A. Consultation (Indirect Services to School Personnel and Parents)</b>						
<b>B. Special Education and Related Services in General Education Classrooms (Direct Service)</b>						
<b>C. Special Education and Related Services in Other Settings (Direct Service)</b>						



## RESPONSE SECTION (p. 16)

**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).

# POSTSECONDARY TRANSITION PLANNING\* (p. 7 top)

[34 CFR 300.43](#) and [34 CFR 300.320\(b\) and \(c\)](#) and [34 CFR.321\(b\)](#)

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.

<b>Postsecondary Transition</b> 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
- Services Delivery Grid
- Goals/Objectives
- Additional Information

# 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 the IEP is dedicated to secondary transition planning

# Questions?

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