

School District Planning and Implementation: The Updated MA IEP Form and Process

November 9, 2023

*Massachusetts Association of School Committees/Massachusetts
Association of School Superintendents Joint Conference*

Jamie Camacho, Director
Office of Special Education Planning and Policy Development



Today's Agenda

- Overview of the IEP Improvement Project and Rationale
- Key Features of the New IEP and Timeline
- Policy, Fiscal, and Strategic Planning Considerations

From DESE's Educational Vision:

DESE works with districts, schools, and educators to promote teaching and learning that is antiracist, inclusive, multilingual, and multicultural; that values and affirms each and every student and their families; and that creates equitable opportunities and experiences for all students, particularly those who have been historically underserved.

Educational Vision – Short Version

In districts, schools, and programs across the Commonwealth:

- All students are known and valued
- All students excel at grade-level work, with individualized supports
- Learning experiences are relevant, real-world, and interactive



Overview of the IEP Improvement Project and Rationale

What Do These Things Have in Common?

Nokia 1100



MA IEP 1-8

Section 1: Student Information

Student Name: _____

Student ID: _____

Section 2: Individualized Education Program

IEP Title: _____

IEP Number: _____

Section 3: Student Goals and Objectives

Goal 1: _____

Goal 2: _____

Goal 3: _____

Section 4: Student Services

Service 1: _____

Service 2: _____

Service 3: _____

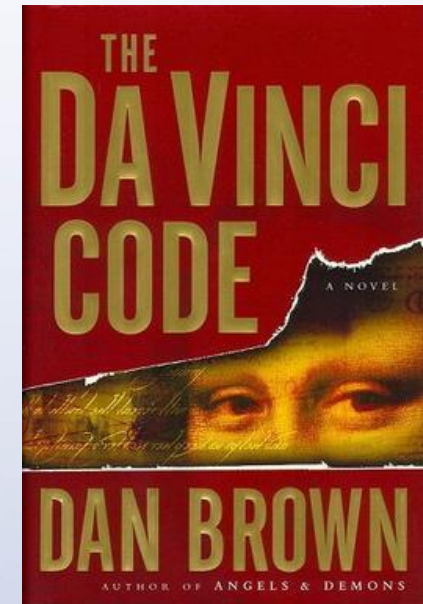
Section 5: Student Progress

Progress 1: _____

Progress 2: _____

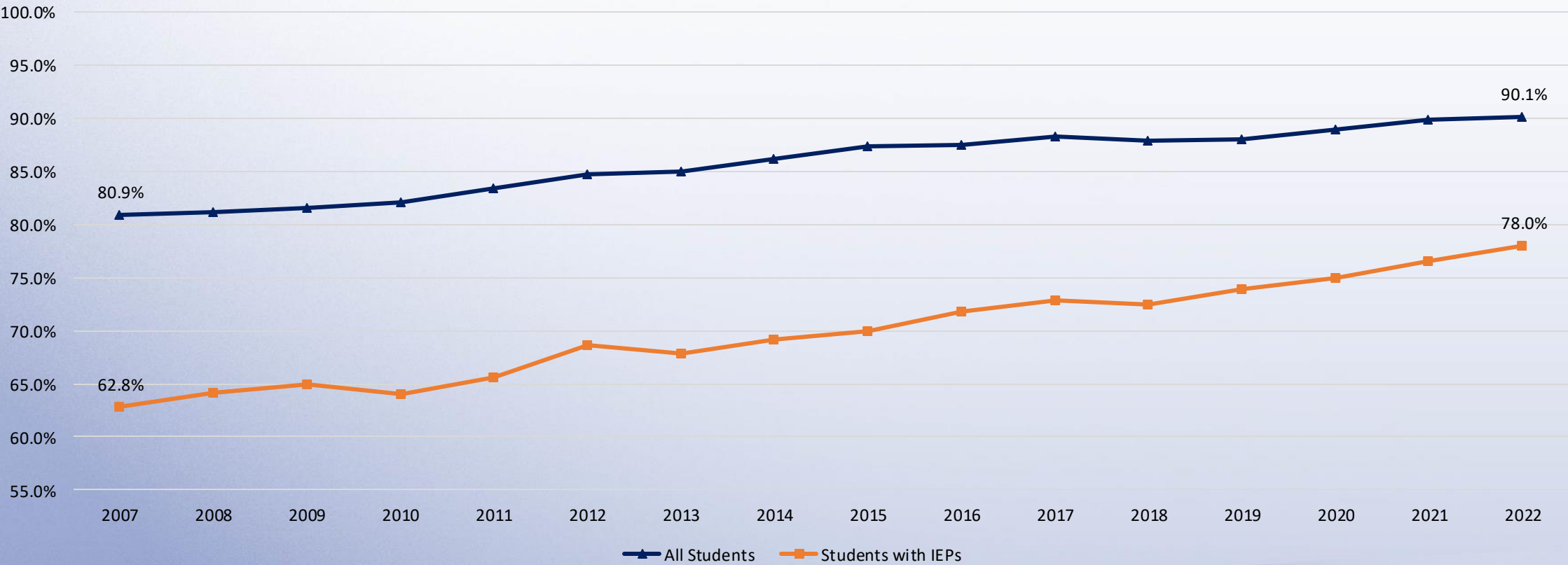
Progress 3: _____

The DaVinci Code



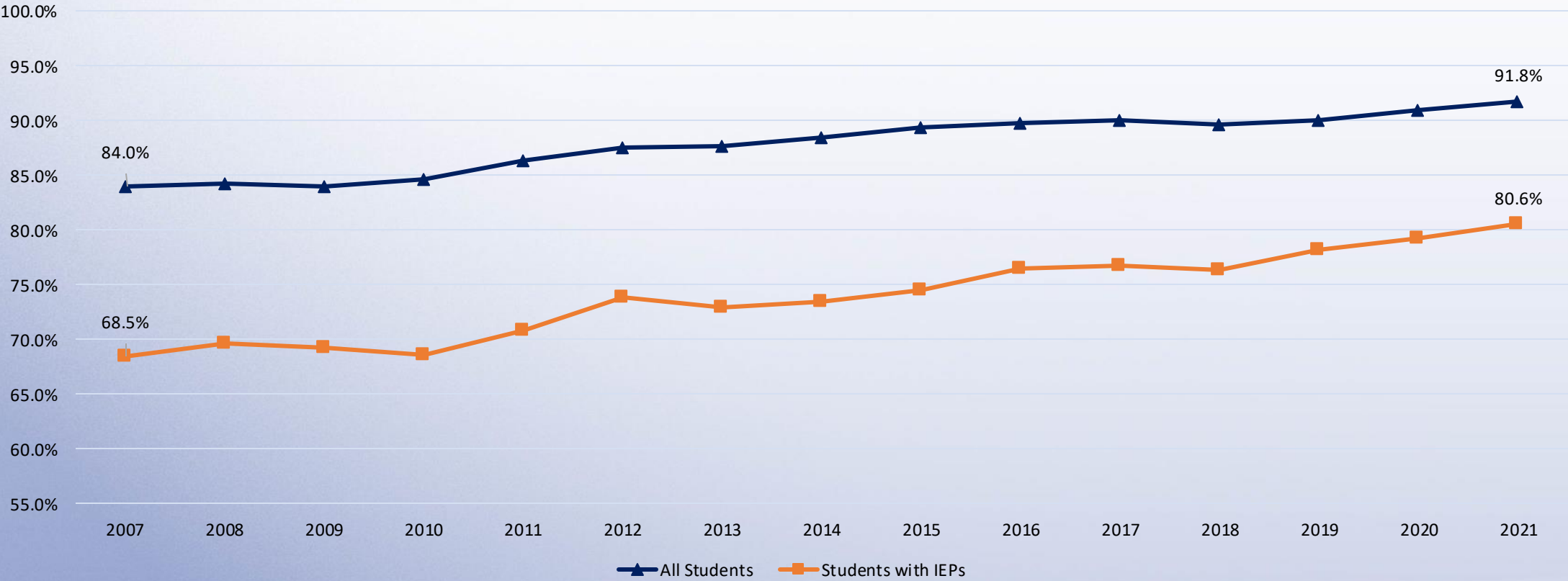
Graduation Rates for Students with IEPs

Four Year Cohort Graduation Rates

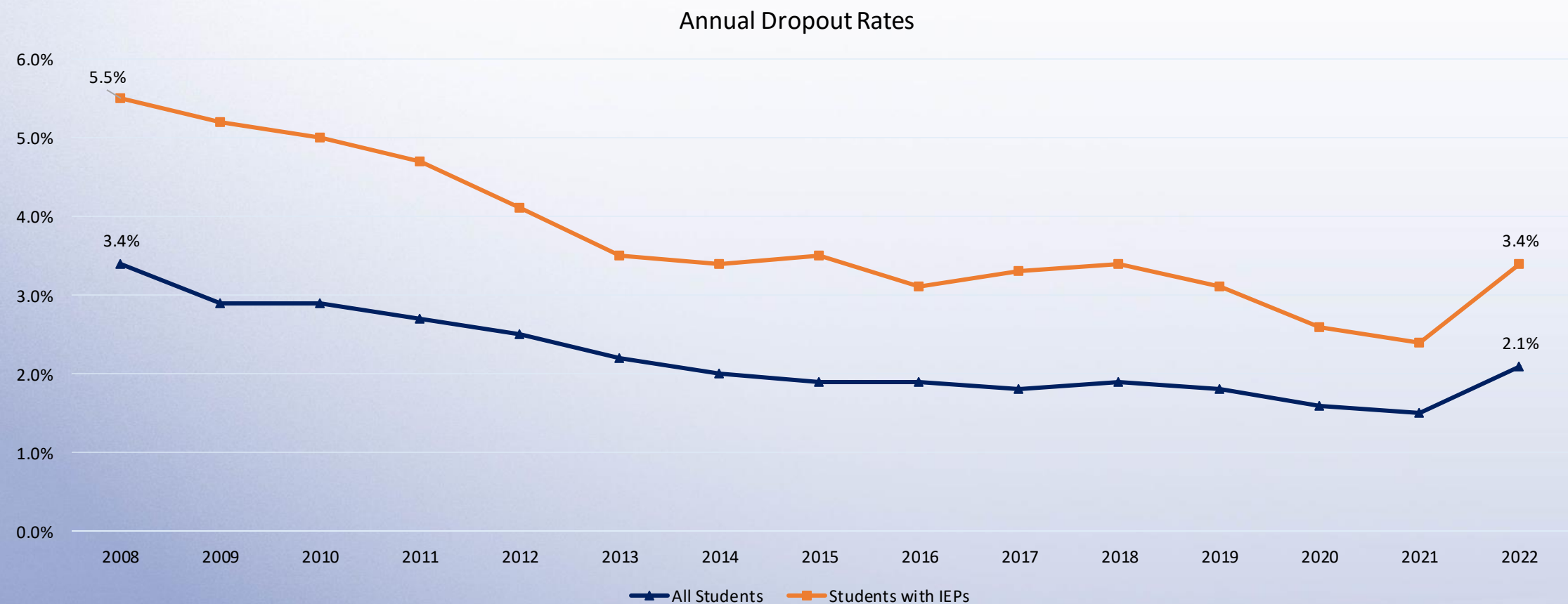


Graduation Rates for Students with IEPs

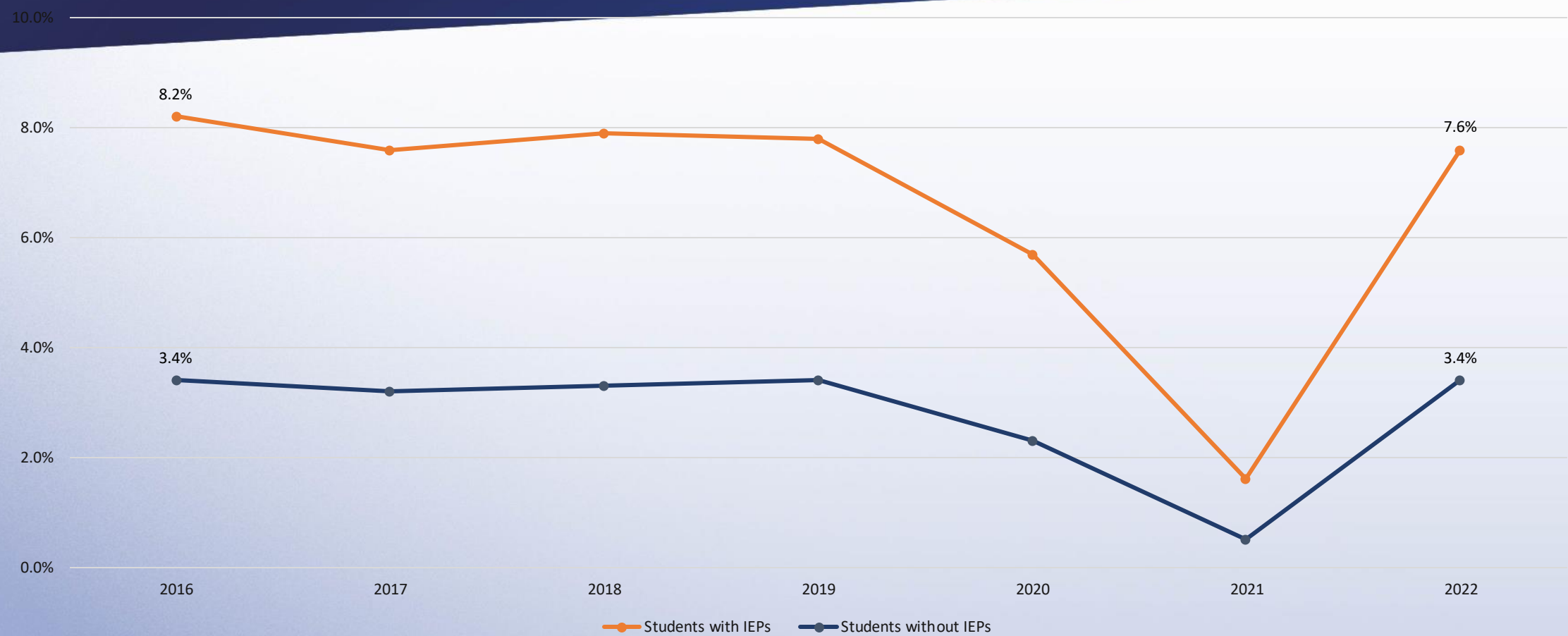
Five Year Graduation Rates



Dropout Rates for Students with IEPs

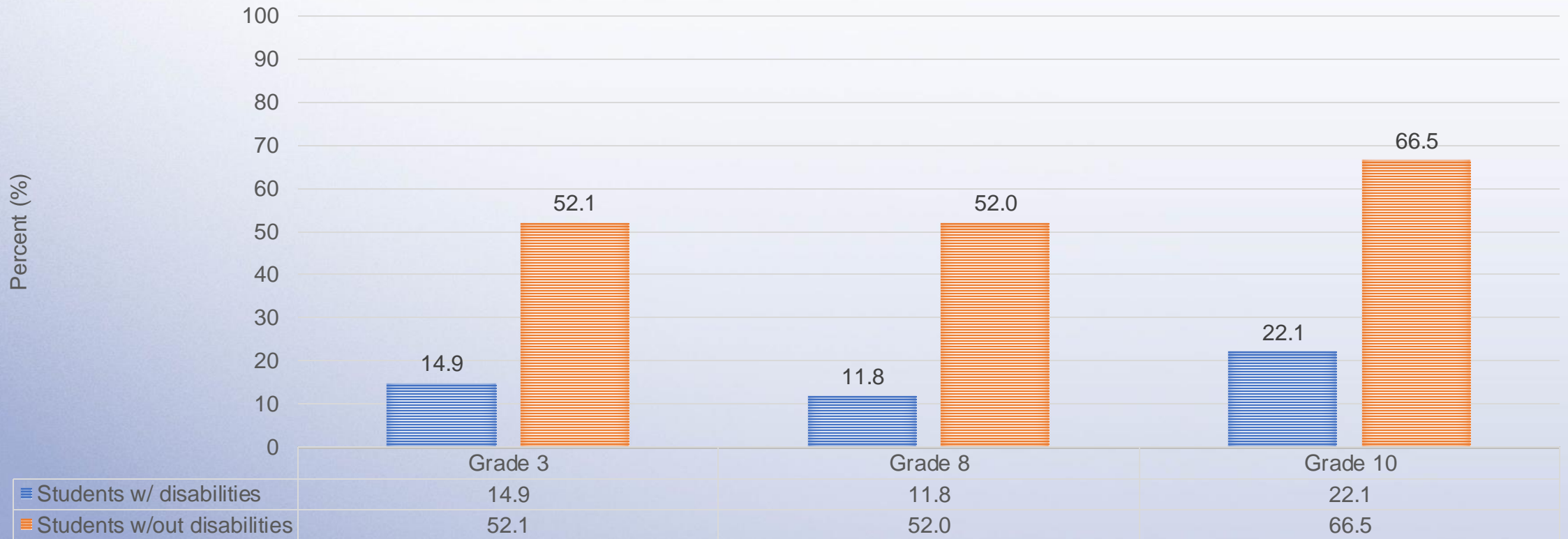


Discipline Rates: 2016-2022



2023 ELA MCAS Results

Percentage of Students Meeting or Exceeding Expectations
2023 ELA MCAS

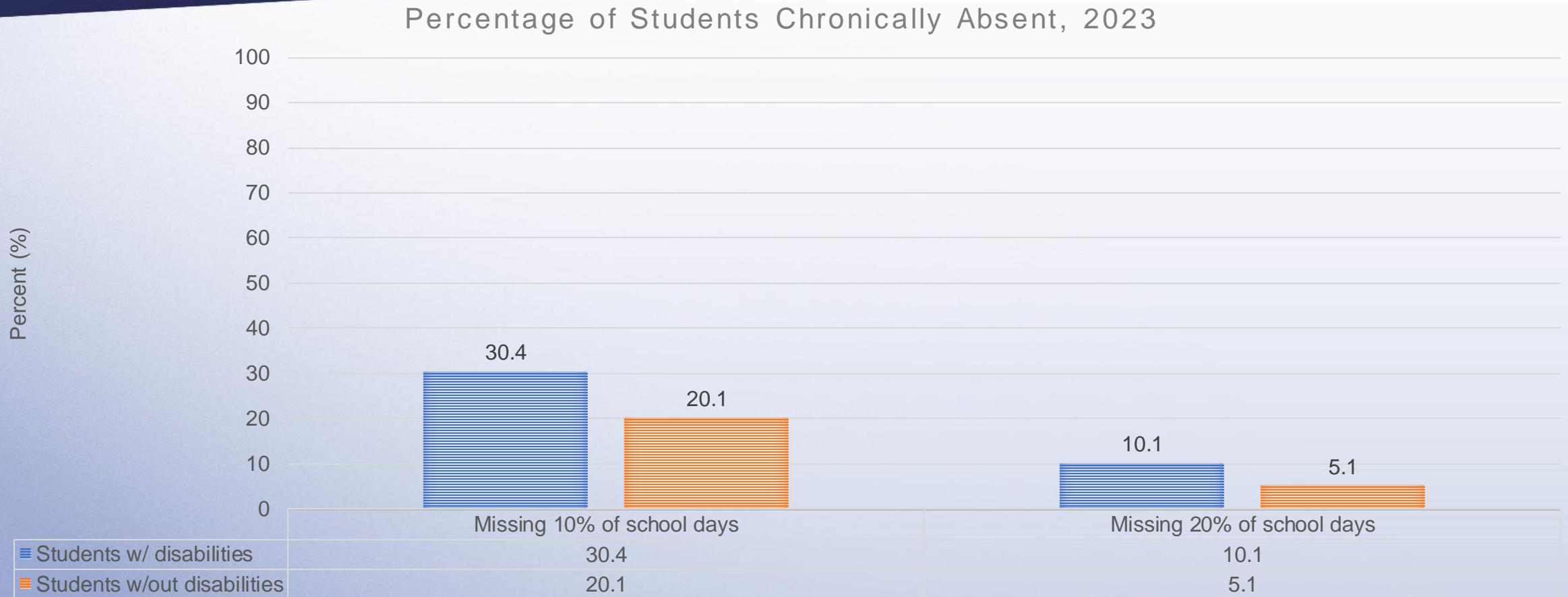


2023 MCAS Math Results

Percentage of Students Meeting or Exceeding Expectations
2023 Math MCAS



2023 Chronic Absenteeism Rates



IEP Project Goals

To **improve outcomes** for all students with disabilities by providing guidance, technical assistance, and tools on **equitable processes** to school and district professionals, families, and students so that all students with disabilities have **meaningful access** to the curriculum frameworks and life of the school.

Areas of Focus for Improved IEP Form

Family and
student voice

Form
documents
process

Least
Restrictive
Environment

Integrated
transition
planning

Accessibility of
language

What is **Not** Changing?

Education Laws and Regulations

State Regulations

State Laws

Federal Laws

Legal Advisories

Arbitration Awards

Litigation Reports

603 CMR 28.00

Special Education

Section:

[28.01: Authority, Scope and Purpose](#)

[28.02: Definitions](#)

[28.03: Administration and Personnel](#)

[28.04: Referral and Evaluation](#)

[28.05: The Team Process and Development of the IEP](#)

[28.06: Placement and Service Options](#)

[28.07: Parent Involvement](#)

[28.08: Continuum of Options for Dispute Resolution](#)

[28.09: Approval of Public or Private Day and Residential Special Education](#)

[28.10: School District Responsibility](#)

[View All Sections](#)



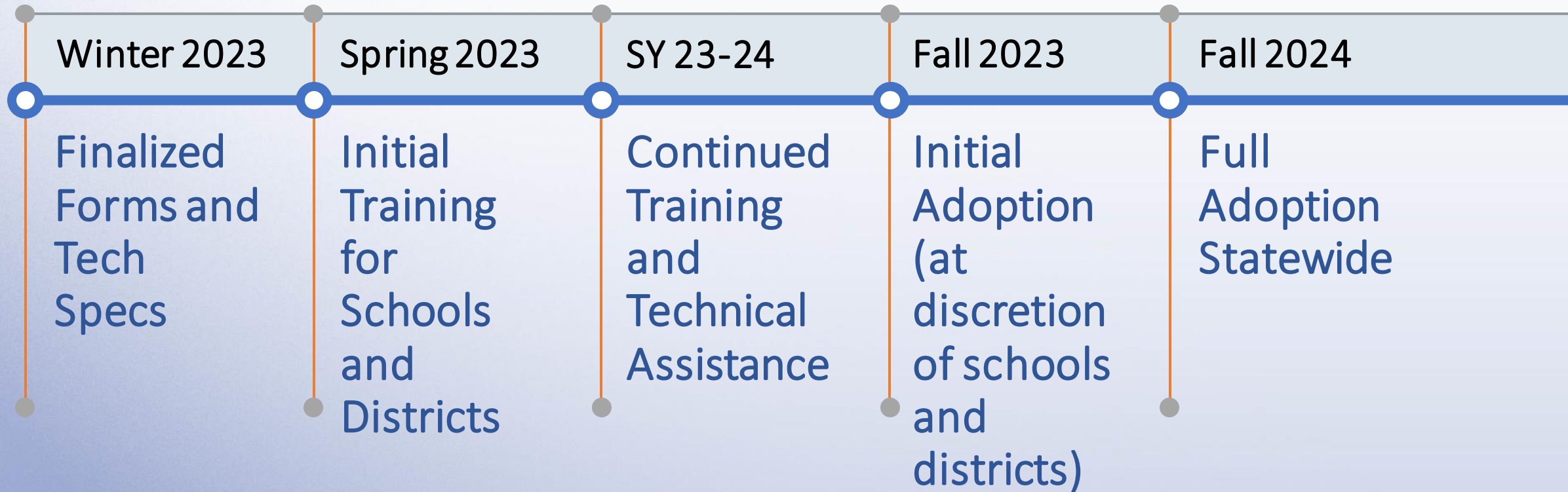
IDEA

Individuals with Disabilities Education Act


Key Features of the New IEP and Timeline



IEP Improvement Process Timeline



Accessing the Form and Related Documents



MASSACHUSETTS
Department of Elementary
and Secondary Education

Massachusetts DESE Individualized Education Program (IEP)

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

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

STUDENT AND TEAM VISION

Student's Vision (ages 3–13)

This year, I want to learn:

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

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

While I am in high school, I want to:

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

After I finish high school, my employment plans are:

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

Additional Team Vision Ideas


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

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

Massachusetts DESE Individualized Education Program

1

[Linked Here](#)



MASSACHUSETTS
Department of Elementary
and Secondary Education

English

Security Portal | School Profiles

Most Requested:

Licensure

Learning Standards

MCAS

Educator Evaluation

Special Education

Technical Assistance

- Training
- Documents
- IDEA 2004


Early Childhood

Secondary Transition

IEP Process, Forms & Notices

- IEP Improvement

IEP Improvement Project



IEP Improvement Project: Forms and Resources

It is expected that schools and districts will begin using the new forms in either fall of 2023 or the fall of 2024. Schools and districts that have not transitioned to the new IEP will continue utilizing the IEP forms found at [IEP Forms and Notices: English and Translated Versions](#).

New Individualized Education Program (IEP) Form — Revised 4/28/2023

[Linked Here](#)

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Massachusetts DESE Individualized Education Program (IEP)

STUDENT AND PARENT CONCERNS

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

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

While I am in high school, I want to:

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

After I finish high school, my employment plans are:

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

Additional Team Vision Ideas

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

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

STUDENT PROFILE

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

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

English Learner

Has the student been identified as an English learner?

☐ Yes ☐ No

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

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

Assistive Technology

Does the student require assistive technology devices or services?

☐ Yes ☐ No

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

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

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ACADEMICS

Describe the student's present levels of academic achievement and functional performance in the relevant areas listed below.

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

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

Autism-Specific Question: Does the student have needs resulting from the disability that impact progress in the general curriculum, including social and emotional development (e.g., organizational support, generalizing skills, practicing skills in multiple environments)?

☐ Yes ☐ No

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

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

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: COMMUNICATION

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

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

☐ Yes ☐ No

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

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

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

- ☐ Accommodations/Modifications
- ☐ Goals/Objectives

- ☐ Services Delivery Grid
- ☐ 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:

- ☐ Accommodations/Modifications
- ☐ Goals/Objectives

- ☐ Services Delivery Grid
- ☐ Additional Information

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

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.

REMINDER!

The transition pages
will only be used
when the IEP team is
engaging in post-
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.

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="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the Team discussed whether the student meets the criteria for a 688 referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a 688 referral been submitted for this student?	<input type="checkbox"/> Yes (If so, date the 688 referral was submitted: _____)* <input type="checkbox"/> No (If so, date the 688 referral will be submitted: _____)* <input type="checkbox"/> 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:	

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

ACCOMMODATIONS AND MODIFICATIONS

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

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

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

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

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:

MEASURABLE ANNUAL GOALS

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

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

SCHEDULE OF PROGRESS REPORTING

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

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)						

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.

SERVICE DELIVERY FOR EXTENDED SCHOOL YEAR SERVICES

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

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

Extended School Year Transportation Services

- ☐ Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school **other** than the school they would have attended if not eligible for special education, transportation will be provided.)
- ☐ The student requires transportation supports and/or services as a related service.

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

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

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

ADDITIONAL INFORMATION

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

RESPONSE SECTION

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

**Professional
Development
and Technical
Assistance**

Spring 2023 Symposium

Fall 2023 Training of
Trainers

Office Hours (Spring 2023-
June 2024)



Eastern Mass October Training of Trainer Session
Waltham Westin Ballroom

Additional Tools and Resources

[IEP Improvement
Project - Special
Education
\(mass.edu\)](#)

IEP Technical
Guide

Family Guide

Sample IEPs

Topic Specific
Resources



IEP
Playbook

IEP Implementation Grant Update

- **Name of Grant Program:** Individuals with Disabilities Education Act Part B (IDEA) Targeted Improvement Grant
- **Federal Targeted** - IEP Implementation Project Grant
- **Fund Code:** 274

Technology and IEP Platforms

- **IEP 2023 Preliminary data requirements analysis** —
Revised 8/25/2023
- **IEP 2023 Business Requirements Document** —
Revised 8/25/2023

Policy, Strategic, and Other Planning Considerations

Policy Considerations

- Referral, Evaluation, and Eligibility
- Child Find
- Family Engagement
- Least Restrictive Environment and Inclusion
- English Learners
- Equitable Access and Practices (Significant Disproportionality)
- Discipline and Attendance
- Students 18-22 and Secondary Transition
- Multi-Tiered Systems of Support (MTSS)

Key Considerations

- IEP Platforms
- Professional Development
- Special Education Staff
- Time for Team Meetings and Planning
- Extended School Year (ESY)
- Transportation (including ESY)
- Assistive Technology
- Translations and Interpreters

Strategic Planning Considerations

- Collaboration Between General Education and Special Education Educators and Administrators
- Technical and Adaptive Changes (see IEP Playbook)
- Inclusive Practices and Common Planning
- Coordination of Services (Special Ed and EL)
- Scheduling, Organizing, and Preparing for Team Meetings
- Classroom Placement of Students and Staff Scheduling
- Ongoing and Embedded Professional Development
- Regular Data Reviews (Special Education Related Data)

Special Education Related Information

- Special Education Website
- Monthly Special Education Bulletin
- Monthly Special Education Leaders Meetings

[Special Education - Massachusetts Department of Elementary and Secondary Education](https://www.doe.mass.edu/sped/)

(<https://www.doe.mass.edu/sped/>)

Special Education Bulletin

Sign in

Special Education - Massachusetts

https://www.doe.mass.edu/sped/

English

Most Requested: Licensure Learning Standards MCAS

Special Education

Technical Assistance

- Training
- Documents
- IDEA 2004

Early Childhood


Secondary Transition

IEP Process, Forms & Notices

- IEP Improvement Project

Policy and Guidance

Special Education



Special Education Updates

10/13/2023 Please visit the IEP Improvement webpage! Additional resources related to the updated IEP form and Training of Trainers session have been posted.

Featured

- [COVID-19 Information and Resources for Special Educators](#)
- [DESE Special Education Updates](#)
- [Subscribe to DESE's Special Education Updates](#)

Contact Us

[Special Education](#)

Phone: 781-338-3375
Fax: 781-338-3371

[SEPP Contact Information](#)

A close-up, high-angle photograph of a computer keyboard. The central focus is a bright blue, rectangular key with rounded corners, which stands out from the surrounding white keys. On this blue key, the word "Questions?" is printed in a black, sans-serif font, angled slightly upwards from left to right. To the upper left of the blue key is a white key with a closing curly brace "}" and a closing square bracket "]" printed on it. Above that is another white key with two forward slashes "//". To the lower left, a white key with a double quote " and a comma "," is partially visible. To the right, a white key with a single quote ' and a backslash "\" is partially visible. The lighting is bright and even, casting soft shadows that emphasize the three-dimensional shape of the keys. The overall composition is clean and minimalist, with the blue key being the primary subject.

Questions?