

School Unit: \_\_\_\_\_

**Maine Transition Network / Committee on Transition**  
*(Regional Board Name)*

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**Memorandum of Understanding**

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This Memorandum of Understanding (MOU) is entered into between the Maine Transition Network, *(Regional Board)* and *(Partnering School)*\_\_\_\_\_.

The purpose of this MOU is to establish an agreement between the above-mentioned entities concerning their respective roles and responsibilities in implementing the **Maine Secondary Transition Outcomes Project**.

*School Contact Person:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

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*Telephone:* \_\_\_\_\_ *E-mail* \_\_\_\_\_

**Period of Performance**

This agreement shall commence on the date it is executed \_\_\_\_\_ (*date*) and terminate on \_\_\_\_\_ (*date*), unless otherwise terminated or extended by agreement of all parties with a 30 day written notice of agreement.

**We As Partnering Agencies Jointly Acknowledge the Following:**

1. We share the purpose of the Secondary Transition Outcomes Project.  
The purpose of the Transition Outcomes Project is to:
  - Assist local districts in meeting the Transition Service Requirements of IDEIA 2007.
  - Evaluate the effectiveness of providing and delivering Transition Services to students and families through the IEP/PET Process.
  - Provide training and resource materials on the transition process for educators, administrators, adult agency personnel, parents, and others.
  - Improve the post-school outcomes of students with disabilities.
  - Develop a model and process for meeting the transition requirements.
  - Identify strategies/interventions that can be replicated and implemented in a variety of districts throughout the state.
  - Fulfill the requirement, Indicator 13, of the state performance plan resulting

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in OSEP compliance (Indicator 13 – all youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the student to meet the post-secondary goals.)

2. We will mutually plan, implement, disseminate activities, and evaluate training as outlined in the project, to build capacity within the region.
3. We will share joint responsibility for disseminating information, training materials and models, products, outcome data as funded.
4. We will jointly promote our activities and products for the purpose of communicating outcomes and recruiting additional participants.
5. We understand the Transition Outcomes Project focuses on program improvement and is not state monitoring.

**Individual Agency agrees to participate in the above-mentioned project by:**

**The Maine Transition Network and the (*Regional Board*) Acknowledge the Following:**

The Maine Transition Network, (*Regional Board*) will demonstrate partnership and participation in the developed project: **Maine Secondary Transition Outcomes Project** by the following actions:

1. Conduct a baseline and follow-up record review using a review team of collaborative partners with a demonstrated interest in systematic improvements for enhanced student outcomes.
2. Facilitate a “Report Out” meeting, conducted by the review team to present findings and help develop strategies with the partnering system.
3. Work with school(s) to develop a schedule of regular communication and follow-up.
  - Help facilitate the development of a follow-up plan.
4. Provide information, training and technical assistance on the project in a variety of formats.
  - Offer stakeholder resource lists to schools to assist in getting improved attendance at IEP meetings
  - Offer insight and training to schools and students on how to prepare and include students in the Individualized Education Plan (IEP) process.
  - Offer a problem-solving forum
  - Act as a liaison to make connections with other agency stakeholders.
  - Offer samples and models demonstrating best practices.
5. Assist schools in connecting the project to current school initiatives and issues; budget, educational reform and consolidation.
6. Develop a capacity building plan for schools to perform their own individual self-assessment and improvement planning.
7. Act in partisan with schools to accommodate time demands of school professionals during their involvement in the project.

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8. Provide reimbursement stipends to schools for substitutes, as needed, during project involvement.
  - Teachers and administrators to attend trainings and meetings.

**The (*Partnering school*) Acknowledges the Following:**

The (*Partnering school*) \_\_\_\_\_ will demonstrate partnership and participation in the developed project: Maine Secondary Transition Outcomes Project, by the following actions:

1. Provide access to records (IEP's) during project involvement for evaluation team review.
2. Host and participate in:
  - Record review
  - Report out meeting
    - Recommended participants include but are not limited to: Superintendents, Principals, Special Education Directors, Teachers, Parents and Community Agencies.
  - A meeting to identify solutions to meet transition requirements.
  - Follow-up meetings and trainings
3. Allow access and time for school personnel to be involved in project requirements: trainings and meetings.
4. Set Target Goals
5. Set timelines for follow-up file reviews.
6. Make changes to existing practices to improve outcomes.
7. Identify community partners who might want to provide support to IEP teams addressing transition services and include them in project activities.
8. Participate in project capacity building activities to replicate the project throughout the state.
9. Potentially present at trainings and conferences locally, regionally and statewide.

*School Unit:* \_\_\_\_\_

The following signatures represent agreement to what is previously stated and a commitment to the Maine Secondary Transition Outcomes Project. Thank you in advance for your willingness to participate.

**Regional Transition Board Representative:**


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Signature	Printed Name	Date Signed
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**Superintendent:**


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Signature	Printed Name	Date Signed
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**Special Education Director:**


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Signature	Printed Name	Date Signed
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**Principal:**


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Signature	Printed Name	Date Signed
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**Committee on Transition Chairperson**


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Signature	Printed Name	Date Signed
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**Maine Transition Network Executive Director:**


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Signature	Printed Name	Date Signed
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