

School District

AMENDMENT TO INDIVIDUALIZED EDUCATION PROGRAM

Student Name: _____ DOB: _____ Date of Meeting: _____

Date of current IEP _____ This page cannot be used if there is not a current IEP in place within 1 year. This page is to be attached to a full copy of the current IEP.

REASON FOR MEETING/AMENDMENT TO IEP

CHANGE OF SERVICE: _____
DISCONTINUING: _____ END DATE: _____
ADDITION: _____ START DATE: _____
FREQUENCY/DURATION: _____
COMMENTS: _____

ADDITIONAL GOALS AND OBJECTIVES ATTACHED? [] Yes [] No

Parent Approval:
I have received a copy of the Special Education Parent/Child Rights and Procedural Safeguards. [] Yes [] No
I approve of the Goals and Objectives and agree to have them implemented. [] Yes [] No
I approve of the change/addition to the Special Education Services. [] Yes [] No
I approve of portions of the IEP - portions with which I disagree are attached. [] Yes [] No

Parent/Guardian Signature: _____ Date: _____

Student Signature (Optional): _____ Date: _____

Administrator/Designee _____ Date _____

Speech & Language Pathologist _____ Date _____

Special Education Teacher _____ Date _____

School Psychologist _____ Date _____

General Education Teacher _____ Date _____

Additional Participant _____ Date _____

Other _____ Date _____

Additional Participant _____ Date _____

Other _____ Date _____

Interpreter _____ Date _____