

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

AMENDMENT TO INDIVIDUALIZED EDUCATION PROGRAM

Date of current IEP _____

This form cannot be used if there is not a **current** IEP in place
This form must 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 been advised of and given a copy of special education procedural rights.
- I agree with the changes written above to my child's IEP.
- I do not agree with these changes (reasons attached).

Parent/Guardian Signature: _____ Date: _____

Student Signature (Optional): _____ Date: _____

The persons whose signatures appear below affirm attendance/participation at this meeting of the IEP team.

| | | | |
|---|---------------|--|---------------|
| _____ Administrator/Designee | _____ Date | _____ Speech & Language Pathologist | _____ Date |
| _____ Special Education Teacher | _____ Date | _____ School Psychologist | _____ Date |
| _____ General Education Teacher | _____ Date | _____ Additional Participant | _____ Date |
| _____ School District Representative | _____ Date | _____ Additional Participant | _____ Date |
| _____ Additional Participant | _____ Date | _____ Interpreter | _____ Date |