

Office of Larry E. Reider
Kern County Superintendent of Schools
Advocates for Children

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

AMENDMENT TO INDIVIDUALIZED EDUCATION PROGRAM

Date of current IEP _____

This cannot be used if there is not a current IEP in place
This 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 Placement/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: _____

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
_____ Other	_____ Date	_____ Additional Participant	_____ Date
_____ Other	_____ Date	_____ Interpreter	_____ Date