

School District Name:

School District Address:

School District Contact Person/Phone #:

Individualized Education Program (IEP) Amendment

Amendment will be attached to IEP dated: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____ Grade/Level: _____

What change(s) will be made to the existing IEP?	Why?

Use only for minor changes that do not change type of placement.

Individualized Education Program Amendment

Attached to IEP Dated: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

Additional Information

Response Section

School Assurance

I certify that the changes in this amendment are those recommended by the Team and that the indicated services will be provided.

Signature and Role of LEA Representative

Date

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

- I accept the IEP amendment. I reject the IEP amendment.
- I reject the following portions of the IEP amendment 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 request a meeting to discuss the rejected IEP amendment or rejected portion(s).

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over*

Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP amendment will not be implemented unless the IEP or IEP amendment is changed.
