<Insert District Information>

**Individual Educational Program (IEP) Amendment**

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| **STUDENT DEMOGRAPHIC INFORMATION** |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of annual IEP meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of amendment to the IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of implementation of IEP amendments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **These amendments were agreed upon by:** |
|[ ]  Parent/Guardian/Student (age 18+) and authorized representative of the Local Educational Agency |
| **Name** | **Role** |
|  | Parent/Guardian/Student age 18+ |
|  | Parent/Guardian/Student age 18+ |
|  | LEA Representative |
|  |  |
| **OR** |
|[ ]  The full IEP team met for an IEP meeting. IEP team member participation MUST be documented on page 2 of this form. |

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| **The agreement was made by:** |
| [ ]  Phone | [ ]  Email | [ ]  In Person | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section(s) amended/modified:** |
| **All components required for compliance with state and federal regulations must be completed for each section marked below.** |
| [ ]  Present Level of Academic Achievement and Functional Performance | [ ]  Form A: Blind and Visually Impaired |
| [ ]  Special Considerations: Federal and State Requirements | [ ]  Form B: Extended School Year |
| [ ]  Annual Goals | [ ]  Form C: Transition Services Plan |
| [ ]  Reporting Progress | [ ]  Form D: State Assessments |
| [ ]  Services Summary | [ ]  Form E: District-wide Assessments |
| [ ]  Transportation as a Related Service | [ ]  Form F: Accommodations/Modifications |
| [ ]  Regular Education Participation | [ ]  Form G: Distance Learning Plan |
| [ ]  Placement Considerations and Decision | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Amendment documentation:** |
| [ ]  A copy of the amended/modified pages has been attached to the front of the current IEP |
| Parent requested a copy of:  |
| [ ]  Amended pages only | [ ]  Revised IEP with amendments incorporated |
| Date IEP amendment documentation was requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date IEP amendment documentation was provided to parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  A Prior Written Notice is required for this IEP amendment. |
| Date Prior Written Notice was provided to parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Method of provision: |
| [ ]  Personally presented | [ ]  Mailed | [ ]  Emailed | [ ]  Hand Delivered by Student |

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| **IEP Meeting Participation Documentation:** |
| **If an IEP meeting was conducted to make amendments to annual IEP, this section must be completed.** |
| **Name** | **Role** |
|  | Parent/Guardian/Student age 18+ |
|  | LEA  |
|  | Special Educator |
|  | Regular Educator |
|  | Individual Interpreting Instructional Implications of Evaluation Results |
|  | Other |
|  | Other |
|  | Other |