<Insert District Information>

**Individual Educational Program (IEP) Amendment**

|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |
| --- | --- | --- |
| **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. | |

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

|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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 |