**Individualized Education Program (IEP) Amendment**

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

|  |  |
| --- | --- |
| **Student Information** | |
| Student Name: | Student Date of Birth: |
| Student ID#: | Grade Level: |

|  |  |  |
| --- | --- | --- |
| **Amendment Information**  *Add rows as necessary for changes to multiple sections of the IEP* | | |
| **What section of the IEP will be changed?** | **What change(s) will be made to this section?** | **Why is this change being made?** |
|  |  |  |

**ADDITIONAL INFORMATION**

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| --- |
| Record any additional relevant information. |
|  |

**RESPONSE SECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Assurance:** I certify that the changes in this amendment are those recommended by the Team and the indicated special education services will be provided. | | | | | |
| Name and Role of LEA Representative: |  | Signature: |  | Date: |  |
| **Response from parent(s), guardian, educational surrogate parent, or student who has reached the age of majority with decision-making rights:**  It is important to tell the district your decision as soon as possible. Please indicate your response by checking the appropriate box below and returning a signed copy to the district. | | | | | |

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

|  |  |
| --- | --- |
| **X** |  |
| **Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over\***  \**Student’s signature is required once a student reaches 18 unless there is a court-appointed guardian.* | **Date** |

**Meeting Request**

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| --- | --- |
|  | I **request a meeting** to discuss the rejected IEP Amendment or rejected portion(s). |