



Amendment of Current IEP

Students Name	Initials	Birthdate	Today's Date
Parent(s) Name	IEP Manager and Phone Number		District/School

The following area(s) of the student's IEP dated _____ have been amended:
Attach a copy of the IEP page(s) or document to show the amendment(s).

- Consideration of Special Factors
- Orientation and Mobility/Braille Instruction
- Adding Special Education Service or Related Service
- Removing Special Education Service or Related Service
- Measurable Annual Goals and/or Short-term Objectives/Benchmarks
- Hours Per Week in Special Education or General Education Setting
- Participation in State/Districtwide Assessments
- General Education Accommodations/Modifications
- Extended School Year
- Transition Services
- Behavior Plan
- Other: _____

Reason for amendment(s):

Date on which the amended changes are to begin: _____

The following persons, as indicated by their signatures, have approved the amendment(s) to the IEP:

Parent Date

Parent Date

Student Date

Special Education Teacher Date

Administrator or Designee Date

Speech/Language Pathologist Date

Regular Education Teacher Date

School Psychologist Date

Signature/Position Date

Signature/Position Date