

IEP AMENDMENT

Student's Name:

DOB:

Original IEP Date:

Amendment Date:

Amendment(s) to District's Offer Free Appropriate Public Education (FAPE)

Special Education Services	Addition Check if appropriate	Deletion Check if appropriate	Frequency / Time	Specify Day/Week/ Month	Location/Setting	Title of Service Provider	Parent Consent to Services	
							Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Do any of the above amendments change the percent (%) of time the student is inside general education? Yes No
 If yes, write new percentage (%) inside general education: _____%

Changes in Present Levels of Performance:

Changes in Goals and/or Benchmarks: (attach SELPA form 4 A-C, as appropriate):

Other Changes:

Rationale for Changes:

Parent/Guardian/Adult Student has agreed that **a meeting is not** needed for this amendment to the IEP No Yes

Signatures below document the agreement to amend the current IEP dated _____ and to agree to implement the changes described in this document.

Parent/Guardian/Adult Student Date

Signature of person responsible to notify IEP members Date

District Representative/Administrative Designee Date

Other Date

Other Date

Other Date