

AMENDMENT TO THE IEP WITHOUT CONVENING AN IEP TEAM MEETING

O qti cp'County Schools

Student's Full Name _____	Date _____
School _____	Date of Birth _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State/Zip _____	Telephone _____

The following change(s) amend the student's IEP dated _____.

The parent/adult student was contacted by the undersigned district personnel and agreed to make a change(s) to the student's IEP without convening an IEP Team meeting. The district's proposed change(s) to the student's IEP pertain(s) to

_____ based on _____.

The reason(s) for the proposed change(s) is/are _____

The district also considered _____

however, _____.

Other factors relevant to this change include _____.

For **each Part** of the IEP affected by the change, document the corresponding change(s).

Part	Change(s)	Initiation Date

The parent/adult student has been notified that a copy of the revised IEP with the amendments incorporated would be provided upon request. Enclosed please find: ___ a copy of the Amendment; **or**
 ___ a copy of the Amendment and the student's revised IEP.

Signature _____ Title/Position _____

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance with understanding the provisions of the procedural safeguards may be obtained by contacting the county Director of Special Education at _____, and if available, the local Parent Educator Resource Center at _____.

NOTE: This form must be attached to the IEP being amended and all service providers responsible for implementing these changes must be informed of the change(s).

Check box if parent and district agree to waive the 5 day initiation requirement.