

Amendment/Modification to Current IEP without an IEP Team Meeting

Student's Name: _____ Date: _____
Residence School: _____ Grade: _____
Service County: _____
Service School: _____
Local Student ID: _____ Date of Birth: _____
Unique Student ID: _____

To the Parents of _____ :

The Individuals with Disabilities Education Act (IDEA) of 2004 provides the parent of a student with a disability and the public agency may agree to make changes to an IEP following an annual IEP team review without convening a meeting of the IEP team. The IEP team may develop a written document to amend or modify the student's current IEP. Upon request, a parent shall be provided a revised copy of the IEP with the amendments incorporated.

__ is requesting your consent to make the following changes to your child's IEP without conducting an IEP team meeting.

Proposed changes: _____

Reason for changes: _____

Date to initiate changes: _____

Person responsible for notifying other staff members of changes: _____

Please be advised that if changes are made to your child's IEP, the members of your child's IEP team shall be informed of these changes and your child's service providers will receive a copy of the amendments.

I request a copy of my child's IEP with the amendments incorporated.

I have received a copy of this notice of proposed changes informing me in writing of the reasons for this action and I have received this information in my native language or mode of communication. I understand that my consent is voluntary and I understand I may revoke consent at any time. I understand that should I revoke consent it is not retroactive.

My signature below indicates I provide consent for __ to amend my child's IEP without holding an IEP meeting. I understand that I may request an IEP meeting at any time.

Parent/Guardian/Surrogate Signature

Date

Public Agency Representative Signature

Date

If you consent, please return a signed copy of this document as soon as possible.