

Student Name:

Date:

D.O.B.:

**PARENT/GUARDIAN NOTIFICATION OF
INDIVIDUALIZED EDUCATION PROGRAM AMENDMENT**

***Use this form to document that the parent and school district agreed to make changes to the IEP without reconvening the IEP meeting. This cannot take place of an annual review meeting and the form must be attached to the child's IEP.**

Dear _____:
(Parent's/Guardian's Name)

On _____ you and _____
(Date of Contact) (School District Personnel and Title)

- met in person
 spoke on the phone
 exchanged e-mails
 exchanged faxes

and agreed to make the following changes to your child's current IEP as indicated below.

Changes and Explanation of Changes:

Enclosed is a copy of your child's current IEP along with the changes. The changes will begin on _____ and be implemented in your child's current placement.

If you disagree with the changes, want to request a meeting to discuss the above changes, or want to request a copy of **Explanation of Procedural Safeguards**, please contact the person indicated below with any questions in regards to the above changes.

Name: _____ Title: _____ Phone: _____

Sincerely, _____
(Signature)

Name: _____

Title: _____