

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

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

**\* 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 telephone       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 \_\_\_\_\_  
(Date)

and be implemented in your child's current placement.

If you disagree with the changes, want to request a meeting to discuss the changes above, 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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_