

_____	_____	_____	_____
Legal Name of Student	DOB	State Student ID (SASID)	Date

IEP AMENDMENT 300.324(a)(6)

Amendments can be used by agreement of the Administrative Unit and the Parent to modify goals, hours of service, accommodations, modifications, transportation needs, assistive technology, or other similar changes to the related services section.

300.324(a)(4)(i)
 Amendment to IEP Dated: _____

Current IEP: 	Proposed Changes
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Rationale for Changes:
 Include evaluation procedures, tests, records or reports used as the basis for the changes.

Other options considered and rationale for rejecting those options:

Other factors:

For Waiver of Amendment Meeting ONLY

I agree that my child's IEP can be revised by the school staff without convening an IEP meeting. I also agree to contact the case manager if I disagree with any of the above revisions. **300.324(a)(4)(i)**

_____	_____
Parent's Signature	Special Education Director/Designee Signature

Parents of a child with a disability have protection under the procedural safeguards. For a copy of the procedural safeguards or assistance in understanding this information, please contact the person named below. **300.503(b)(4)**

Case Manager:

_____	_____	_____	_____
Name	Title	Phone	Date

IEP Team notified on _____ by _____.

300.324(a)(4)(ii) Date Name