AMENDMENT TO THE IEP WITHOUT CONVENING AN IEP TEAM MEETING

_____County Schools

School Parent(s)/Gua Address	Namerdian(s)	Grade WVEIS#	
The following ch	nange(s) amend the student's IEP dated	·	
•	student was contacted by the undersigned district p	•	•
without conveni	ng an IEP Team meeting. The district's proposed ch		. ,
The reason(s) for	r the proposed change(s) is/are		
The district also	considered		·
	evant to this change include		
For and Dart of	f the IEP affected by the change, document the corr	osponding change(s)	
Part	Change(s)	esponding change(s).	Initiation Date
	student has been notified that a copy of the revis nclosed please find: a copy of the Amendment; a copy of the Amendment	or	orporated would be provide
Signature	Title	/Position	
Brochure and ass Director of Sp	lents and their parents have protections under the sistance with understanding the provisions of the precial Education at, and if	ocedural safeguards may be obta	ined by contacting the count
NOTE: This for	m must be attached to the IEP being amended and ald of the change(s).	ll service providers responsible fo	r implementing these change
	if parent and district agree to waive the 5 day in:		