

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student's Name:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Age

Student's Name: _____

IEP Team Meeting Date (mm/dd/yy): _____

IEP Implementation Date (Projected Date when Services and Programs Will Begin): _____

Anticipated Duration of Services and Programs: _____

Date of Birth: _____

Age: _____

Grade: _____

Anticipated Year of Graduation: _____

Local Education Agency (LEA): _____

County of Residence: _____

Name and Address of Parent/Guardian/Surrogate: _____ Phone (Home): _____

Phone (Work): _____

Other Information: _____

The LEA and parent have agreed to make the following changes to the IEP without convening an IEP meeting, as documented by:

Empty rectangular box for documenting changes to the IEP.

Date of Revision(s)	Participants/Roles	IEP Section(s) Amended