

LONG COUNTY SCHOOL SYSTEM

Special Education Department

Amendment to the IEP

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Caseload Teacher: \_\_\_\_\_

**Recommended Change(s):**

The IEP with the start date \_\_\_/\_\_\_/\_\_\_ and end date \_\_\_/\_\_\_/\_\_\_ is being amended to reflect the following changes:

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Reason(s) for the recommended changes are as follows:

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**Parent Contact:**

Document any phone calls, home visits, emails, etc. to document notification to the parent/guardian of the IEP changes. Also, that the parent/guardian agrees to the changes without convening an IEP meeting.

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**Parental Agreement:**

I understand that I may agree with the school system to make changes to my child's IEP after the Annual Review meeting has been held and that it is not necessary to convene an IEP meeting to consider or make such changes. I give my consent for the changes described in this document to be made without convening an IEP meeting.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)