

Long County School System
Teacher Receipt of Modifications _____
Teacher Receipt of Behavior Management Plan _____

Date Reviewed: _____

Special Education Caseload Teacher: _____

Student Name: _____

This information is an actual part of the student's IEP and should be stored in a confidential manner.

Please read the information below and sign to acknowledge receipt.

I have met with the special education teacher listed above regarding the student placed in my class. I have received a copy of the indicated IEP pages for this student. I understand that the IEP committee, which included a Regular Education Teacher, developed these modifications. I further understand it is my responsibility to implement and document these modifications. I agree to contact the special education teacher if the student is not making progress that these modifications can be reviewed.

Comments:

Receiving Teacher's Signature:

_____ Date: _____