

NORTH SANTA CRUZ COUNTY SPECIAL EDUCATION LOCAL PLAN AREA
AMENDMENT TO IEP WITHOUT IEP TEAM MEETING

Student Name _____ Date of Meeting _____

Parent of the student, Adult Student, or Local Education Agency initiated contact to discuss making changes to amend or modify the annual Individualized Education Program (IEP) document dated ____/____/____ without convening an IEP meeting.

Purpose of Meeting:

Rationale for changes in the IEP dated: _____

Attach SELPA 13E IEP Continuation page if necessary for Notes/Additional Comments.

SERVICES:

Service(s)	Provider	Start Date	Duration	Frequency	Location
		End Date			

Percentage in regular class _____ Percentage out of regular class _____ (total should always equal 100%)

Signatures below document the mutual agreement to meet without an IEP Team meeting to amend or modify the annual IEP and permission to implement the changes described in this document.

Signature of District Designated Representative: _____ **Date:** ____/____/____

Title/Position: _____

Circle relationship to student, sign, and date below.

Signature of Parent/Guardian/Surrogate: _____ **Date:** ____/____/____

Signature of Parent/Guardian/Surrogate: _____ **Date:** ____/____/____

Signature of Adult Student (ages 18-21): _____ **Date:** ____/____/____

Signature of Others Present: _____ **Title/Position:** _____

Signature of Others Present: _____ **Title/Position:** _____

Signature of Others Present: _____ **Title/Position:** _____