|  |
| --- |
| PURPOSE: After the annual IEP team meeting for a school year, the parent and the school district may agree not to convene an IEP team meeting for the purpose of making changes to the IEP, and instead may develop a written document to amend or modify the student’s current IEP. If changes are made to the student’s IEP, the district must ensure that the IEP team and other providers responsible for implementing the IEP are informed of the changes. Uponrequest, the parent must be provided with a revised copy of the IEP with the amendment(s) incorporated. Note: Other provisions of WAC 392-172A-03110(3) apply. (See also WAC 392-172A-03015 (1)(a)). |

# IEP AMENDMENT WITHOUT RECONVENING THE IEP TEAM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | Date of Amendment: | | |  |
|  | |  |  | | |  |
| To: |  | |  | Re: |  | |
| *Parent(s)/guardian(s)/adult student* | | |  | | | *Student name* |

|  |  |  |
| --- | --- | --- |
| Amendment of the IEP dated: |  |  |

Below is a description of the IEP revision(s) we discussed and agreed to make without reconvening the IEP Team for a meeting.

This IEP amendment revises or modifies: *(Check all that apply)*

|  |  |
| --- | --- |
| Present levels of educational achievement and functional performance.  Instructional goals and objectives.  Frequency, location, and/or duration of special education services provided.  Related services.  Supplementary aids/services, accommodations, and/or transportation.  State and/or district assessment participation and/or testing accommodations.  Transition services. | |
| Other: |  |

|  |
| --- |
| **Description of the Proposed Revision(s)** *(attach revised goal pages or other IEP pages as may be appropriate):* |
|  |

**Revisions to Services Provided** *(if any):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Special Education and Related Services** | | | | | |
| Service Area | Initiation Date | Frequency | Location | Duration | Provider |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Supplementary Aids/Services, Program Modifications, and/or Supports to School Personnel** | | | | | |
| Service | Initiation Date | Frequency | Location | Duration | Provider |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Team members participating in this IEP amendment:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Parent/Guardian* | *Name/Title* |
|  |  |
| *Name/Title* | *Name/Title* |
|  |  |
| *Name/Title* | *Name/Title* |

Parents have the right to request a copy of the IEP with these changes incorporated.

*\*Note: A revision/amendment to the IEP* ***does not*** *reset the due date for the next annual IEP review. Parents should be provided a Prior Written Notice addressing the results of the amendment.*

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