Student Name John Smith Student ID 981957925

The IEP Amendment form allows for the revision of the components of an existing IEP.

Individualized Education Program Amendment Form

Student Info. and Parent/ Guardian Info. should match current IEP

Date of amendment 2/25/08
Date of IEP being Amended 9/15/07

Student Information

Student Name John Smith Student ID 981957925
Date of Birth 9/26/2002 Grade Pre Adult Student ___ yes X no
Eligibility category Developmentally Delayed Date of initial eligibility 7/25/05
Primary language of student English Primary language used in the home English
Date of most recent evaluation 7/15/05 Three-year reevaluation due date 7/14/08
IEP case manager Lisa Learn Provider Code 1333 Building EEU

Parent/Guardian Contact Information

Name Rachel Smith Relationship: X parent ___ guardian ___ surrogate
Address 7533 Ravenna Ave NE Seattle, WA 98115
Home phone (206) 555-1234 Work phone parent #1 (206) 555-4321 Work phone parent #2 ___
E-mail lcmats@qwest.net

Reason for this Amendment

Select "Amend Placement"

___	amend present levels of performance	___	amend consideration of special factors
___	amend participation in general education	___	amend participation in physical education
___	amend annual goals and objectives/benchmarks	___	amend participation in district and state assessments
___	amend service matrix information	X	amend placement
___	include/amend transition plan	___	include/amend behavior intervention plan
___	include/amend aversive therapy plan	___	include/amend functional behavior assessment
___	include/amend extended school year plan	___	include/amend health care plan
___	amend plan for non-certificated staff providing specially designed instruction		
X	other: Amend IEP for Kindergarten Placement for the 2008-2009 school year		

Select "Other" and indicate grade level for next year and school year

Description of the Amendment

Indicate Program Model (NOT SCHOOL PLACEMENT) and school year

The IEP team recommends a blended kindergarten program model for the 2008-2009 school year.

Attach amended information to this form.

Team Member Signatures

Please print, sign, and indicate agreement (A) or disagreement (D) by circling A or D.

Printed Name		Signature	Printed Name		Signature
Rachel Smith	(A) D	*Rachel Smith*		A D	
__ Parent __ Guardian __ Surrogate			__ Student __ Adult Student		
	A D		Jennifer Annable	(A) D	*Jennifer Annable*
__ Parent __ Guardian __ Surrogate			Administrator or Designee		
Lisa Learn	(A) D	*Lisa Learn*	Melissa Mobility	(A) D	*Melissa Mobility*
Special Education Teacher			Related Service Provider: OT		
	A D		Susan Utterance	(A) D	*Susan Utterance*
General Education Teacher			Other: SLP		
	A D			A D	
Other:			Other:		

 __ Parent __ Teacher File __ Therapist File __ Compliance File