# Logo for the Massachusetts Department of Elementary and Secondary Education (DESE).

# Individualized Education Program (IEP) Amendment

Amendment will be attached to IEP dated:

From:

To:

District Name:

District Contact name:

District Contact phone:

District contact email:

## Student Information

Student Name:

Student Date of Birth:

Student ID:

Grade Level:

## Amendment Information

What section of the IEP will be changed?

What change(s) will be made to this section?

Why is this change being made?

## Additional Information

Record any additional relevant information:

## Response Section

### School Assurance

I certify that the changes in this amendment are those recommended by the Team and the indicated special education services will be provided.

Name and Role of LEA Representative:

Signature:

Date:

### Response from parent(s), guardian, educational surrogate parent, or student who has reached the age of majority with decision-making rights

It is important to tell the district your decision as soon as possible. Please indicate your response by placing an X at the beginning of the appropriate response and returning a signed copy to the district.

* I accept this IEP Amendment.
* I reject the following portions of the IEP Amendment with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:
* I reject this IEP Amendment.

### Parent Comment

I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP or the IEP amendment is changed:

Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and over. A student’s signature is required once a student reaches 18 unless there is a court-appointed guardian

Signature:

Date:

### Meeting Request

I request a meeting to discuss the rejected IEP or rejected portion(s). Place an X at the beginning of the applicable response:

* Yes
* No