

**AMENDMENT TO THE IEP
WITHOUT CONVENING AN IEP TEAM MEETING**

_____ County Schools

The following change(s) amend the student's IEP dated _____.

Student's Full Name _____	Date of Amendment _____
School _____	DOB _____
Parent(s)/Guardian(s) _____	Grade _____
Address _____	WVEIS# _____
City/State _____	Phone _____

The parent/adult student was contacted by the undersigned district personnel on _____ (*date*) and agreed to make a change(s) to the student's IEP without convening an IEP Team meeting. The district's proposed change(s) to the student's IEP pertain(s) to _____ based on _____.

The reason(s) for the proposed change(s) is/are _____.

The district also considered _____; however, _____.

Other factors relevant to this change include _____. The documented change(s) (addition(s), deletion(s) or substitution(s)) is/are outlined in detail below.

For **each Part** of the IEP affected by the change, document the corresponding change(s) and the initiation date(s).

Part	Change	Initiation Date

The parent/adult student has been advised a copy of the revised IEP with the amendments incorporated would be provided upon request. Enclosed please find: ___ a copy of the Amendment; **or**
___ a copy of the Amendment and the student's revised IEP.

Signature _____ Title/Position _____

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance with understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _____, as appropriate, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Assessment, Accountability and Research at 304-558-7805 or 1-800-642-8541.

NOTE: This form must be attached to the IEP being amended and all service providers responsible for implementing these changes must be informed of the change(s).