

Bristol Virginia City Schools
INDIVIDUALIZED EDUCATION PROGRAM (IEP) AMENDMENT

Student: _____ DOB: _____

Disabilities: _____
Primary Secondary Tertiary

Date of Amendment Meeting:

School: _____ Grade: _____ Teacher: _____

Reason for amendment to current IEP:

The following changes in the current IEP are being made:

- ____ Additional goal(s) and objectives (attached)
- ____ Additional services or increase in current services
- ____ Functional Behavioral Assessment/Behavioral Intervention Plan
- ____ Manifestation Determination
- ____ Additional supplemental aids and services
- ____ Decrease in services
- ____ Other (describe): _____

Specific description of changes:

Duration of change(s): _____ to _____
Begin Date End Date

Date of last annual IEP meeting: _____
Level of service: ____ same changed to ____%

Signature of Persons Present

Date

| | | |
|-------|---------------------------|-------|
| _____ | Administrator | _____ |
| _____ | Special Education Teacher | _____ |
| _____ | Regular Education Teacher | _____ |
| _____ | Parent | _____ |
| _____ | Student | _____ |
| _____ | | _____ |

I understand the contents of the proposed IEP changes and give consent for my child to receive special education services based on this Amendment. I have a written copy of this amendment and of my parental rights.

Signature of Parent, Guardian, Student of age of majority or Surrogate

Date