

Vashon Island School District

Student Name _____

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

Individualized Education Program Amendment Form

Date of amendment _____

Date of IEP being amended _____

Student Information

Student Name _____

Date of Birth _____ Age _____ Grade _____ Adult student __ yes __ no

Eligibility category _____

Primary language of student _____

IEP case manager _____

Parent/Guardian Contact Information

Name _____ Relationship: __ parent __ guardian __ surrogate

Address _____

Work phone _____ Home phone _____ E-mail _____

Reason for this Amendment

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

Description of the Amendment

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
_____ A D __ Parent __ Guardian __ Surrogate	_____	_____ A D __ Student __ Adult Student	_____
_____ A D __ Parent __ Guardian __ Surrogate	_____	_____ A D Administrator or Designee	_____
_____ A D Special Education Teacher	_____	_____ A D Related Service Provider: _____	_____
_____ A D General Education Teacher	_____	_____ A D Other: _____	_____
_____ A D Other: _____	_____	_____ A D Other: _____	_____