

**Shasta County SELPA
IEP AMENDMENT(S) / ADDENDUM PAGE**

Page ____ of ____

Name _____ IEP Date ____/____/____

☐ Parents have agreed that a meeting is not needed for this amendment. Written consent attached.

Purpose of Meeting _____

Changes to the IEP dated ____/____/____: _____

(Initial) _____ I agree to the contents of the amendment to the IEP dated ____ / ____ / ____

_____/_____/_____
Parent Date Parent Date

LEA Rep./ Admin. Designee

____/____/____
Date

General Education Teacher

____/____/____
Date

Student

____/____/____
Date

Special Education Specialist

____/____/____
Date

Additional Participant / Title

____ / ____ / ____
Date

Additional Participant / Title

____ / ____ / ____
Date

Additional Participant / Title

____ / ____ / ____
Date

Additional Participant / Title

____ / ____ / ____
Date