

## Waiver of IEP Meeting to Amend IEP After Annual Review

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team held an annual review and developed an IEP for your child on \_\_\_\_\_. We would like to amend a section(s) of your child's IEP that was developed at this meeting. Once the changes to the IEP have been made, we will immediately send you a copy of the updated IEP to the Home Address indicated above.

If you agree to the change(s) indicated below, and understand that these changes will be made to the IEP without the IEP Team convening an IEP meeting, please sign and date below:

From	To

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

If you would like to discuss these changes, please contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you agree to the changes, please return this signed document to the individual indicated above.

A copy must go to:    Principal    School Psychologist    Student File

Other: \_\_\_\_\_