

East Allen County Schools Special Education Department

AGREEMENT TO AMEND THE IEP
WITHOUT HOLDING A CASE CONFERENCE MEETING

1. The Case Conference Committee meeting for _____ (student name) held on _____ (date) developed an appropriate IEP. Since that time, the following has occurred which suggests an IEP change is necessary: _____

2. Therefore, changes are proposed to the following component(s) in this IEP (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Revise amount of time with nondisabled peer or in LRE | <input type="checkbox"/> Revise Goal(s) |
| <input type="checkbox"/> Revise the Behavior Plan | <input type="checkbox"/> Revise amount of special education services time |
| <input type="checkbox"/> Revise the Health Care Plan | <input type="checkbox"/> Revise amount of related services time |
| <input type="checkbox"/> Revise District & State Testing Decision | <input type="checkbox"/> Change transition activities |
| <input type="checkbox"/> Change accommodation for the classroom | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Change accommodation for testing | |

3. The Teacher of Record has recommended this specific change to the IEP: _____

4. *Parent, student age 18 years old, or guardian: Please be aware that you have the right to request a case conference to discuss the suggested amendment to the IEP. You may make the request verbally or in writing and specify your concerns or what you would like to discuss. The teacher of record will then contact you to set a mutually agreeable date and time for the conference. If you are not contacted to schedule a case conference after you have requested one, call your school administrator.*

5. Check and sign below to indicate your agreement or need for a conference to discuss the amendment(s) to the IEP as described above.

AGREEMENT TO AMEND THE IEP AS INDICATED ABOVE:

I understand and agree the IEP will be amended, without a case conference meeting, within 3 days of this returned signed form. I will receive a copy of the amended portion of the IEP for my records. If I have questions or concerns at a later date, I will consult with the Teacher of Record or request a case conference meeting.

OR

A CASE CONFERENCE IS REQUESTED TO CONSIDER THIS AMENDMENT:

I have some questions about the suggested amendment and I request a case conference meeting to discuss these concerns. I understand that the Teacher of Record will contact me to set a mutually agreeable date and time for the conference.

6. _____
Parent Signature Date

7. _____
School Representative Signature Date

8. *If you fail to return this form as requested, it will be assumed that you are agreeing to the proposed changes to the IEP. The changes will go into effect after 10 school days if no response is received. You are encouraged to contact the EACS Special Services Office at 446-0128 If you have questions or concerns about the IEP process or rules.*