

AMENDMENT DATE: PURPOSE:

**IEP Amendment(s) / Addendum Page**

**Student Name**

**Date of Birth**

**Amendment Date:**

**Purpose of Meeting**

**Changes to the IEP dated**

**CONSENT**

I agree to the contents of the amendment to the IEP dated

Signature \_\_\_\_\_  
 Parent  Guardian  Surrogate  Adult Student \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Parent  Guardian  Surrogate  Adult Student \_\_\_\_\_ Date \_\_\_\_\_

**IEP AMENDMENT PARTICIPATION**

_____ Parent/Guardian/Surrogate	_____ Date	_____ Parent/Guardian/Surrogate	_____ Date
_____ Student/Adult Student	_____ Date	_____ General Education Teacher	_____ Date
_____ LEA Rep./ Admin. Designee	_____ Date	_____ Special Education Specialist	_____ Date
_____ Additional Participant/Title	_____ Date	_____ Additional Participant/Title	_____ Date
_____ Additional Participant/Title	_____ Date	_____ Additional Participant/Title	_____ Date

Parent/Adult student has received a copy of IEP Amendments/Addendum Page

If my child requires additional special education services as part of this amendment IEP and my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

Signature \_\_\_\_\_  
 Parent  Guardian  Surrogate  Adult Student