

AGREEMENT/ATTENDANCE

Ventura County SELPA IEP

Student Name _____

D.O.B. _____

Meeting Date _____

The following components of the IEP were explained and discussed at this meeting. Parent/Adult Student initials below indicate agreement with respective provisions in this IEP document unless specified below.

- _____ Parent/Adult Student Rights – Within the last year, I have received a copy of and understand the rights afforded to me. I understand that this program is reviewed annually and that I may request a review of this program at any time.
- _____ Reports – I have received copies of all the reports discussed.
- _____ Progress toward previous goals was reviewed.
- _____ This IEP was prepared, reviewed and communicated with me in understandable language, including abbreviations. I have had the opportunity to provide input and develop this program. The district facilitated parent involvement as a means of improving services and results for my child.
- _____ Eligibility – I agree with the Eligibility Determination.
- _____ Annual Goals – I agree with the goals in this IEP.
- _____ Services – I agree with the services stated in this IEP, (except as noted below).
- _____ Progress Reports – I was informed that the custodial parent/adult student will receive written reports of progress toward goals concurrent with general education reporting periods at the school of attendance. Exception(s): _____
- _____ Parent/Adult Student offered translation of IEP document: Accepted: Language _____ Declined N/A

High School Only:

- _____ I was informed that all special education rights will be/were transferred to student upon reaching age of majority.
- _____ I was informed that graduation from high school with a regular diploma ends the district's obligation to provide a free, appropriate public education.

Parent/Adult Student Initials/Signatures: _____ Attendance; _____ Teleconference; _____ Agreement; _____ Agreement – except area(s) of disagreement, if any, noted below:

This IEP will be implemented except for areas of disagreement noted above. Comments, if any: _____

Parent/Guardian/Surrogate Date Parent/Guardian/Surrogate Date Student Date

Private School – This IEP represents the _____ District's offer of a Free Appropriate Public Education. As parents have chosen to enroll student/continue enrollment in a private school in the _____ District, any services to be offered will be in accordance with the private school guidelines of the district in which the private school is located. Parents were given information for contacting district where private school is located.

Signatures of other IEP team members. (Indicate members with Excusal Form on record.)

Special Education Teacher	Date	School Psychologist	Date	Interpreter	Date
General Education Teacher	Date	Occupational Therapist	Date	Title/Agency	Date
Speech-Language Pathologist	Date	School Nurse	Date	Title/Agency	Date
LEA Representative	Date	LEA Representative	Date	Title/Agency	Date