

ADDENDUM

Ventura County SELPA IEP

(An IEP Addendum is only used for minor changes to an IEP; substantial program changes require a full IEP review. DO NOT develop a new Student Information and Services cover page when using this form.)

Student Name _____ D.O.B. _____ Date of IEP being addressed _____

Reason for Addendum/Discussion: _____ Date of Addendum _____

Parent/Adult Student initials below indicate agreement or disagreement with the proposed changes to the IEP:

Agree: Disagree:

This document shall incorporate the agreed-upon changes into the student's current IEP. All other provisions of the IEP remain in effect until the review date. Addendum will be implemented on _____ pending parent consent. Percent of school day student is in the general education setting: _____.

Parent/Adult Student offered translation of Addendum: Accepted (Language: _____) Declined N/A

Signatures below indicate attendance and participation:

Parent/Guardian	Date	Parent/Guardian	Date	Student	Date
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

Copy to: District Office General Education/Cumulative File Case Manager Parent/Adult Student Related Services Agency Other _____

For more information about special education and your rights, please contact your district Special Education Office or visit the SELPA website at www.venturacountyselpa.com