

ADMINISTRATIVE AMENDMENT
Ventura County SELPA IEP

(This form to be utilized only with prior administrative approval. See district guidelines. It is generally used only for minor changes in the IEP that do not require the whole IEP team. DO NOT develop a new Student Information and Services page when using this form.)

Student Name _____ D.O.B. _____ Date of IEP being amended _____
 Administrator or District Representative authorizing Amendment _____ Date _____ Date of Administrative Amendment _____

Reason for Administrative Amendment/Discussion:

Changes to the IEP:

The 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. Changes will be implemented on _____ pending parent/adult student consent. Percent of school day student is in the general education setting: _____

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

Signatures below indicate agreement with changes:

Parent/Guardian	Date	Parent/Guardian	Date	Student	Date
District Personnel/Title	Date	LEA Representative	Date	Other/Title	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