

sample

AGREEMENT/ATTENDANCE

Ventura County SELPA IEP

Student Name Chris Michaels

D.O.B. 10/3/92

Date 5/16/09

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.

JM 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.

JM Reports – I have received copies of all the reports discussed.

JM Progress toward previous goals was reviewed.

JM 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/adult student involvement as a means of improving services and results.

JM Eligibility – I agree with the Eligibility Determination.

JM Annual Goals – I agree with the goals in this IEP. Parent/adult student will be informed of progress toward goals concurrent with the general education report card periods. Parent/adult student will be informed of progress in writing, unless otherwise specified: _____

JM Services – I agree with the services stated on the Student Information and Services page, except as noted below.

JM Parent/Adult Student offered translation of IEP document: Accepted: Language _____ Declined

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

Still would like speech services to continue until next annual review.

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

Jane Michaels 5/16/09 John Michaels 5/16/09

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.)

Teacher Smith 5/16/09 Date School Psychologist Date Interpreter Date
Teacher Jones 5/16/09 Date Occupational Therapist Date Title/Agency Date
SLP Williams 5/16/09 Date School Nurse Date Title/Agency Date
Director Young 5/16/09 Date Administrator or District Representative Date Title/Agency Date