SANTA CLARA COUNTY

IEP AMENDMENT(S) / ADDENDUM PAGE

Name _____ Birth Date: _____ / _____ / _____ Amendment Date _____ / _____ / _____

Student ID _____

Purpose of Meeting _____

Changes to the IEP dated ____/____/_____:

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(Initial) _____ I agree to the contents of the amendment to the IEP dated _____ / _____ / _____

_____ Parent	___ / ___ / ___ Date	_____ Parent	___ / ___ / ___ Date
_____ LEA Representative/ Admin. Designee	___ / ___ / ___ Date	_____ General Education Teacher	___ / ___ / ___ Date
_____ Student	___ / ___ / ___ Date	_____ Special Education Specialist	___ / ___ / ___ Date
_____ Additional Participant / Title	___ / ___ / ___ Date	_____ Additional Participant / Title	___ / ___ / ___ Date
_____ Additional Participant / Title	___ / ___ / ___ Date	_____ Additional Participant / Title	___ / ___ / ___ Date