

T/IEP Amendment Compliance

Student: _____

Date: _____

School: _____

ESE Teacher: _____

Please complete and sign this form before you give the red ESE file with the appropriate amendment paperwork to the ESE Guidance Secretary for a review by the SCT or ESE Specialist.

I verify that:

_____ The **T/IEP Amendment form** has been attached on top of the current T/IEP. No changes have been made on hard copy of the T/IEP.

_____ The **parent contact form** has been attached behind the amendment. (Must document voice-to-voice contact. Leaving a voice message does not = parent agreement).

_____ I have made the appropriate changes on PlanMaker.

_____ I have provided a copy of the T/IEP Amendment form and a copy of the updated IEP to the parent and all T/IEP members affected by the change.

_____ I have notified Data Entry of changes, if applicable.

_____ If the amendment involves adding or deleting **transportation**, I have faxed the copy of the amendment form, MIS 768 and parent contact form to the transportation department.

_____ Parent contact documents that the parent is aware transportation may take up to seven (7) school days to start.

Amendment form *Change(s)* box includes:

_____ Transportation added/deleted as a special factor

_____ Transportation as a related service to initiate (date) for the duration (date) with frequency (daily) and location (to and from school)

Amendment form *Data Supporting Change(s)* box includes:

_____ Parent request?

_____ Teacher recommendation?

_____ Any additional information?

_____ If this student has a **matrix**, I verified that the amendment does not alter any domain and I marked that I reviewed the matrix on the date of the amendment.

Signature of ESE Teacher

Compliance Review by _____

Date _____

SCT/ESE Specialist