

Individualized Education Program (IEP) Amendment

This file is a PDF of the model form for the Individualized Education Program (IEP) Amendment.

This document ***is not*** designed to be completed electronically or edited. The main purpose of the PDF is to ensure stakeholders are able to review a properly formatted model form, regardless of access to Microsoft Word. The form may also be printed and filled out by hand as is, if desired.

Word documents that are “fillable” are also available for download on the Michigan Department of Education (MDE), Office of Special Education and Early Intervention Services website at:

www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-236252--,00.html

The model form can be found on the following pages of this document. This instruction sheet is not part of the model form.

Individualized Education Program (IEP) Amendment

Student	Last: _____	First: _____	M: _____	Birth Date: _____	UIC: _____
Dates	IEP: _____			Amendment: _____	

PURPOSE

The purpose of this IEP amendment is to add, remove, or modify content in (check all that apply):

- Section 1: Demographic Information.
- Section 2: Present Level of Academic Achievement and Functional Performance.
- Section 3: Secondary Transition Services.
- Section 4: Goals and Objectives/Benchmarks.
- Section 5: Supplementary Aids and Services.
- Section 6: Assessment.
- Section 7: Special Education Services and Programs.
- Other: _____

PARTICIPANTS IN AGREEMENT

Parent: _____

District Representative: _____

Changes to Section 1: Demographic Information

The following modifications are being made to Demographic Information: _____

Changes to Section 2: Present Level of Academic Achievement and Functional Performance

The following modifications are being made to Present Level of Academic Achievement and Functional Performance:

Changes to Section 3: Secondary Transition Considerations

The following modifications are being made to Secondary Transition Considerations: _____

Changes to Section 4: Goals and Objectives/Benchmarks

ANNUAL GOALS

The following goal is being: modified added removed

By _____, the student will _____ when/at _____ on _____.
 (date) (demonstrate skill) (conditions/criteria) (assessment/evaluation)

For goals being modified or added, attach a completed goal page (Section 4 of the IEP).

Changes to Section 5: Supplementary Aids and Services

The following supplementary aid or service is being: modified added removed

Support/Accommodation/Modification	Time/Frequency/Condition	Location

Changes to Section 6: Assessment

The following modification is being made to participation in a state or district-wide assessment.

Assessment	Rationale	Accommodations
<input type="checkbox"/> State or District-wide Assessment _____	The state or district-wide assessment is not appropriate because: _____	
<input type="checkbox"/> Alternate Assessment _____	The alternate assessment is appropriate because: _____	

Changes to Section 7: Special Education Services and Programs

The following service is being: modified added removed

Related Service	Rule Number	Specific Amount of Time and Frequency	Location	Duration

The following program is being: modified added removed

Program	Rule Number	Departmentalized	Specific Amount of Time and Frequency	Location	Duration
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

The following Extended School Year (ESY) service is being: modified added removed

ESY Service	Specific Amount of Time and Frequency	Location	Duration

SPECIAL TRANSPORTATION

The following modifications are being made to Special Transportation: _____

