

Addendum to the Individualized Education Program, Proposed Form and Manual



*Office of Special Education and
Early Intervention Services*

November 2006

STATE BOARD OF EDUCATION

KATHLEEN N. STRAUS – PRESIDENT • JOHN C. AUSTIN – VICE PRESIDENT
CAROLYN L. CURTIN – SECRETARY • MARIANNE YARED MCGUIRE – TREASURER
NANCY DANHOF – NASBE DELEGATE • ELIZABETH W. BAUER
REGINALD M. TURNER • EILEEN LAPPIN WEISER

MICHAEL P. FLANAGAN
SUPERINTENDENT OF PUBLIC INSTRUCTION

608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/mde • (517) 373-3324

Addendum to the Individualized Education Program

PURPOSE: The purpose of the Addendum to the Individualized Education Program (IEP) is to make changes to the IEP during the year it is in effect. A school district and the parent may modify an IEP if they both agree to do so. This form is not required. If substantial or comprehensive changes need to be made to a student's IEP, it is recommended that an IEP Team meeting be convened to develop a new, complete IEP Team Report.

Student Information

Student's Name: _____ Date of Birth: _____ Date: _____

Date of Current IEP: _____ School: _____ Student ID: _____

Purpose

The purpose of this Addendum to the IEP is to amend or modify: *(Check all that apply)*

- Instructional goals and objectives
- The amount of time in the current program
- Related services or provisions related to supplementary aids/services, assessment, or transportation
- Other _____

Participants

Student: _____ Parent/Guardian: _____
(if appropriate)

Local Educational Agency (please provide names and titles): _____

Present Level of Academic Achievement and Functional Performance

If relevant, update the statement regarding this student's present level of academic achievement and functional performance. *(Attach any new goal pages.)*

Amend or Modify Programs and Services

<u>Program/Service</u>	<u>Rule Number</u>	<u>Amount of Time</u>	<u>Frequency</u>	<u>Location</u>
_____	R 340. _____	_____ per _____	_____ times per _____	_____
_____	R 340. _____	_____ per _____	_____ times per _____	_____

Amend or Modify Accommodations, Supplementary Aids, Services, and Personnel Support

<u>Amount of Time</u>	<u>Frequency</u>	<u>Location</u>
_____ per _____	_____ times per _____	_____
_____ per _____	_____ times per _____	_____

Changes to District and Statewide Assessments

Add, Amend, or Modify Special Transportation

Commitment Signatures

The **district** and the **parent/guardian/student** agree with this Addendum to the IEP and its implementation beginning:

Date: _____

District Representative: _____ Date: _____

Parent/Guardian/Student: _____ Date: _____

Note: An Addendum to the IEP **does not** reset the due date for the next annual IEP Review.

Addendum to the Individualized Education Program Manual

Student Information		
Student's Name: _____	Date of Birth: _____	Date: _____
Date of Current IEP: _____	School: _____	Student ID: _____

- Student's Name – Fill in student's name.
- Date of Birth – Write the month, day, and year.
- Date – Indicate the date the Addendum to the IEP was developed (month, day, and year).
- Date of Current IEP – Indicate the month, day, and year of the current IEP.
- School – Write the name of the school building the student attends.
- Student ID – Indicate a locally useful Student ID for central registry and record keeping. For everyday users of the Michigan Compliance Information System (MI-CIS), the number should be the MI-CIS ID so that the Addendum to the IEP can be easily linked to the MI-CIS.

Purpose The purpose of this Addendum to the IEP is to amend or modify. <i>(Check all that apply)</i>
<input type="checkbox"/> Instructional goals and objectives.
<input type="checkbox"/> The amount of time in the current program.
<input type="checkbox"/> Related services or provisions related to supplementary aids/services, assessment, or transportation.
<input type="checkbox"/> Other: _____

- The purpose of the Addendum to the IEP is to make changes to the IEP during the year it is in effect. If substantial or comprehensive changes need to be made to a student's IEP, it is recommended that an IEP Team meeting be convened to develop a new IEP Team Report.

Participants
Student: _____ Parent/Guardian: _____
(if appropriate)
Local Educational Agency (please provide names and titles): _____

- All individuals involved in developing the Addendum to the IEP must be listed on this form.

(4) Agreement.

(i) In making changes to a child's IEP after the annual IEP Team meeting for a school year, the parent of a child with a disability and the public agency may agree not to convene an IEP Team meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the child's current IEP.

(ii) If changes are made to the child's IEP ... the public agency must ensure that the child's IEP Team is informed of those changes.

(5) Consolidation of IEP team meetings.—To the extent possible, the public agency must encourage the consolidation of reevaluation meetings for the child and other IEP Team meetings for the child.

(6) Amendments.—Changes to the IEP may be made either by the entire IEP Team at the IEP Team meeting by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent must be provided with a revised copy of the IEP with the amendments incorporated. §300.324(a)(4)

Present Level of Academic Achievement and Functional Performance

If relevant, update the statement regarding this student's present level of academic achievement and functional performance. *(Attach any new goal pages.)*

Program/Service Rule Number Amount of Time Frequency Location

_____ R 340. _____ per _____ times per _____

_____ R 340. _____ per _____ times per _____

- Record the type of special education programs and related services to be modified by the Addendum to the IEP. Include the title, rule number, amount of time and frequency, and location.

Amend or Modify Accommodations, Supplementary Aids, Services, and Personnel Support

Amount of Time Frequency Location

_____ per _____ times per _____

_____ per _____ times per _____

- Note any change in accommodations, special provisions, supplementary aids, services, and personnel supports for school personnel that are provided in regular education classes or other education-related settings to enable students with disabilities to be educated with students who are nondisabled. Include the amount of time and frequency and location.

Changes to District and Statewide Assessments

Add, Amend, or Modify Special Transportation

- For transportation, see IEP Manual Section 7-2.

Commitment Signatures

The **district** and the **parent/guardian/student** agree with this Addendum to the IEP and its implementation beginning:

Date: _____

District Representative: _____ Date: _____

Parent/Guardian/Student: _____ Date: _____

NOTE: The Addendum to the IEP **does not** reset the due date for the next annual IEP Review.