

**WRITTEN AGREEMENT BETWEEN THE PARENT  
AND THE PUBLIC AGENCY TO AMEND IEP**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Student ID # \_\_\_\_\_  
School \_\_\_\_\_ Case Manager \_\_\_\_\_

In making changes to a student's IEP, the parent of a student with a disability and the public school system may agree not to convene an IEP Team meeting, and instead may develop a written document to amend or modify the student's IEP.

In order to make this proposed change to the IEP and not convene the IEP Team, your written agreement to make this change is needed. If you agree to the proposed change(s), your student's IEP Team members will be informed of the change(s). You will receive a copy of the revised IEP with the change(s) incorporated. Please check, sign, and date below, and return this form to your student's teacher.

**I approve the proposed enclosed change(s) to the annual IEP, and I do not wish to have a meeting.**

\_\_\_\_\_  
**Parent Signature** \_\_\_\_\_  
**Date**

You have the right to request an IEP Team meeting to discuss this with school personnel. If you wish to have a meeting, please check, sign, and date below, and return this form to your student's teacher.

**I wish to request an IEP Team meeting to discuss this change.**

\_\_\_\_\_  
**Parent Signature** \_\_\_\_\_  
**Date**

**Please return this form by** \_\_\_\_\_.

\_\_\_\_\_  
Signature of Education Agency Official \_\_\_\_\_  
Telephone Number

Date this form was provided/sent to the parent/student (age 19) \_\_\_\_\_