Amendment Review

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_

Amendment page

* All dates align (date of amendment, date parent contacted, initiation date, dates on service pg)
* All underlined sections correctly filled in
* Other factors: Parent agrees to waive 5 day notice
* Documentation of Parts, Changes, Initiation Dates in chart
* Copy box checked
* Signed/title position
* All amended pages within body of IEP corrected and attached

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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