

IEP ADDENDUM

(attach to current IEP)

Student _____ Birthdate _____ Date of IEP _____
School _____ Classification _____ Grade _____

The above student's IEP was modified to reflect the changes below on the following date: _____

Services needed to achieve annual goals and advance in general curriculum

G = General education class, S = Special education class including resource, O = Other, D = Daily, W = Weekly, M = Monthly
Amount of Time Frequency

- Special education services
 _____ G S O _____ D W M
 _____ G S O _____ D W M
- Related services required for student to benefit from special education:
 _____ G S O _____ D W M
 _____ G S O _____ D W M
- Program modifications, supports for school personnel and/or supplementary aids and services in regular education programs
 _____ Frequency D W M
 _____ D W M

Additional Measurable Annual Goals (attach additional sheets if necessary)

Measurable Annual Goal _____

Methods on how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist

Curriculum based assessment Behavior observations Other (specify) _____

Parent will be informed of student's progress as often as non-disabled students by Parent/Teacher Conference Report Cards Progress Report

Other: _____

Short Term Objectives/Benchmarks, if needed: _____

Interim Change of Placement

Beginning Date: _____ Ending Date: _____

Reason for interim change of placement: _____

Note: Each teacher and service provider must be informed of his or her specific responsibilities related to implementation of this IEP Addendum.

IEP Team Participants*

- _____ Parent
- _____ LEA Representative
- _____ Student
- _____ Regular Ed Teacher
- _____ Special Ed Teacher
- _____ Other
- _____ Other

*Note: If parent signature is missing, provide a copy of IEP Addendum and Procedural Safeguards and check below:

- Did not attend (document efforts to involve parent)
- Via Telephone
- Other: _____