

Berrien Regional Education Service Agency, 711 St. Joseph Avenue, Berrien Springs, MI 49103
Individualized Education Program (IEP) Amendment

Student Name _____ Birthdate _____ Date _____
 Date of Current IEP Being Modified _____ School _____ Student ID _____

PURPOSE

The purpose of this IEP Amendment is to add, remove or modify: *(Check all that apply)*

- Demographic information
- Present level of academic achievement and functional performance
- Annual goals
- Related services or provisions related to supplementary aids/services, assessment, or transportation
- Special education services and programs
- Other _____

PURPOSE: The purpose of the Amendment to the Individualized Education Program (IEP) is to add, remove, or modify content to the IEP during the year it is in effect.

PARTICIPANT AGREEMENT

Parent/Guardian _____ Student _____
 Local Educational Agency _____ Other _____
 (Name and Title) (Name and Title)

RATIONALE

Briefly state the reason why an amendment to this student's IEP is needed.

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 behind this page.)*

ANNUAL GOALS

The following goal is being: modified added removed

(For goals being modified or added, attach a completed goal page)

AMEND OR MODIFY PROGRAMS AND SERVICES, ACCOMMODATIONS/SUPPLEMENTARY AIDS/SERVICES/SUPPORT

	Amount of Time/Frequency (Min/Hr) per (day/week/month)	* Provider Name	Location
R340.			
R340.			

Aids / Services / Modifications / Accommodations	Amount of Time/Frequency/Conditions	Location

Add, Amend, or Modify Special Transportation:

Changes to District and Statewide Assessments:

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