|  |
| --- |
| **Response Section** |
| **School Assurance** |
| I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided. |
| Signature and Role of LEA Representative: plcResponseSign Date: plcResponseDate |

Top of Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent Options / Responses** | | | | |
| **It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you**. | | | | |
|  | I accept the IEP as developed. | |  | I reject the IEP as developed. |
|  | I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows: | | | |
| plcResponseParent | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | I request a meeting to discuss the rejected IEP or rejected portion(s). | | |
|  | | | | |
| Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*: plcParentSign Date: plcParentDate | | | | |

Bottom of Form

|  |
| --- |
| \**Required signature once a student reaches 18 unless there is a court appointed guardian.* |
| Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended. |
| plcParentComment |
|  |
|  |
|  |