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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individualized Education Program | | | | | | IEP Dates: from | | | plcIEPDF | | to | | plcIEPDT |
| Student Name: | | | plcStudentName | | | | DOB: | plcDOB | | ID#: | | plcID | |
| **Additional Information** | | | | | | | | | | | | | |
| Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral. | | | | | | | | | | | | | |
| Document efforts to obtain participation if a parent and if student did not attend meeting or provide input. | | | | | | | | | | | | | |
| Record other relevant IEP information not previously stated. | | | | | | | | | | | | | |
| plcInfoCol3 | | | | | | | | | | | | | |
| **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 Date | | | | | | | | | | | | | |
| **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: | | | | | | | | | | | | |
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|  | | I request a meeting to discuss the rejected IEP or rejected portion(s). | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\* Date | | | | | | | | | | | | | |
| \**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. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |