

The mission of The Learning Center for the Deaf is to ensure that all deaf and hard of hearing children and adults thrive by having the knowledge, opportunity and power to design the future of their choice.

Best Practices/Rules for Zoom:



Please turn off your video and mute your microphone



The Chat feature will go directly to the Host



If you want to talk, click on the button “raise your hand”. This will place a hand icon next to your name in the participant list.

Thank You! We Will Begin Soon...

Welcome! Tonight's Agenda:

- Host:
 - **Glennis Matthews, TLC Superintendent**
- Community ASL Classes for Families
- The ASL Shop
- Parent/Caregiver Volunteer Application
- IEP Process
 - **Toni Ammirati, Director of Curriculum & Instruction**
 - **Janice Wenstrom, ECC & Elementary Assistant Principal**

(Re)sharing is Caring!

Community ASL Classes

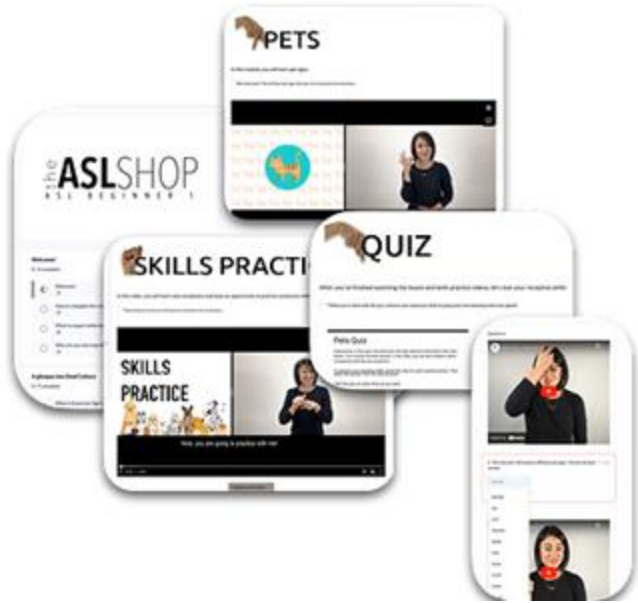
ASL Shop

Parent/Caregiver Volunteer Application

The ASL Shop

Communication Access Services

THE ASL SHOP



ABOUT

The ASL Shop

We're firm believers in having fun! Our approach is less textbook, more hands-on! We believe in creating a strong foundation in language learning. Learning ASL from **native** signers will allow you to achieve fluency.

- Harvard grant
- Level 1 and 2
- Free for one year

1. SELF PACED COURSE

Live group sessions not for you? Not to worry! Self-paced online classes are available! Subscribe to our package and receive access to tons of online video lessons, exams, and fun ways to practice, all at your own pace! Only \$12.99 per month!



2. GROUP SESSION

We offer live group sessions several times a week that are conducted via Zoom. You can learn ASL anywhere! As long as you have a device with a camera, you're ready to go!



*"Inspiring Knowledge, Opportunity,
Research"*

IEP Process



October 30, 2024

The Massachusetts IEP

Toni Ammirati - Director of Curriculum & Instruction

Janice Wenstrom - ECC & Elementary Assistant Principal



AGENDA:

- **The New IEP Rationale**
- **The New IEP form**
- **Questions**



Link to DESE IEP form:

<https://www.doe.mass.edu/sped/ImproveIEP/iep-form>

GOAL: To familiarize families with new IEP form.

We are happy to set up an individual meet with you to address any questions or concerns you might have.

tammirati@tlcdeaf.org

jwenstrom@tlcdeaf.org





This is a new IEP for all of us.

We are sharing what we have learned from our DESE trainings and our recent IEP meetings. We expect to continue to learn as we have more experience with this form.

The IEP is ultimately the responsibility of the sending district. MPS & WS teams work collaboratively with families and the their districts to develop an IEP for your child.

How Did We Get Here?

2000-present
Massachusetts DESE
Previous IEP form

2014
The IEP Improvement
Project 2014.
Draft of new form released
April 2023

September 2023
Designated districts pilot the new
IEP form

2024-2025 SY
TLC adopted the new IEP
form (All MA schools are
required to adopt this form by
November

Areas of Focus for Improved IEP Form

This is how we begin

Student voice drives the IEP

Improved progression and presentation of information throughout the document

Ensuring that all disability related needs are addressed

This is integrated throughout the IEP

Integrated transition planning to a clear graduation pathway

Help families better access the IEP

STUDENT AND PARENT CONCERNS

(For the purposes of special educational decision-making, "parent" shall mean father, mother, legal guardian, person acting as a parent of the child, foster parent, or educational surrogate parent appointed in accordance with federal law.)

What concern(s) do you want this IEP to address?

STUDENT AND TEAM VISION

Student's Vision (ages 3–13)

This year, I want to learn:

By the time I finish (circle one: elementary or middle school), I want to:

Student's Vision/Postsecondary Goals (required for ages 14–22, may be completed earlier if appropriate)

While I am in high school, I want to:

After I finish high school, my education or training plans are:

After I finish high school, my employment plans are:

After I finish high school, my independent living plans are:

Additional Team Vision Ideas

In response to the student's vision, this year:

In response to the student's vision, in 5 years:

Putting the student and their family at the center of the IEP process. Also promoting self-advocacy.

Example Resources for Student Vision

(ECC) Observe student choices and skills during playtime; this can provide information about what students want to learn.

(Elementary) Ask students what they want to learn, and what they want to do after they leave elementary school.

(Secondary) Meet with Transition Coordinator and/or following teacher. Discuss their plans for the post graduation.

Module 1 Job Readiness
1-2b: All About Me!

Name: _____ Date: _____

1. What do you enjoy doing for fun?

Computer Music Dance Reading Sports Writing

2. Where do you like to hang out and feel comfortable?

School Home Library Museum Store Warehouse

3. Where would you like to work?

Library Museum Toy Store Pet Store Post Office Movie Theater

Restaurant Office Hospital Department Store Grocery Store Hair

My name is _____

I am _____ years old.

I am in _____ grade.

I communicate best when using _____

My favorite class is _____

I like _____

I don't like _____

I am good at _____



PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ACADEMICS

Describe the student's present levels of academic achievement and functional performance in the relevant areas listed below.

Consider the areas of learning listed below and complete only the sections that apply to the student. Include relevant information and data from sources such as initial or most recent evaluations; documentation from classroom performance; parent(s), student, and teacher observations; and curriculum-based and standardized assessments, including MCAS.

| | | |
|---|---|---|
| <p>Briefly describe current academic performance. Check all that apply:</p> <p><input type="checkbox"/> English Language Arts <input type="checkbox"/> History and Social Sciences <input type="checkbox"/> Math <input type="checkbox"/> Science, Technology, and Engineering</p> | <p>Strengths, interest areas, and preferences</p> | <p>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</p> |
| <p style="text-align: center;">Current Performance</p> | <p style="text-align: center;">Strengths, Interests, Preferences</p> | <p style="text-align: center;">Impact of disability related to general education programming</p> |

This is separated into four areas:
Academics, Behavioral/Social/Emotional, Communication AND Other Areas as needed

Autism Specific Questions

Autism-Specific Question: Does the student have needs resulting from the disability that impact progress in the general curriculum, including social and emotional development (e.g., organizational support, generalizing skills, practicing skills in multiple environments)?

- Yes No

If yes, this need will be addressed in the following section(s) of the IEP:

| | |
|---|---|
| <p><input type="checkbox"/> Accommodations/Modifications <input type="checkbox"/> Goals/Objectives</p> | <p><input type="checkbox"/> Services Delivery Grid <input type="checkbox"/> Additional Information</p> |
|---|---|

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: BEHAVIORAL/SOCIAL/EMOTIONAL

| | | |
|--|--|--|
| Briefly describe current behavioral/social/emotional performance. Consider the use of positive behavioral interventions and supports, and other strategies, to address behavior that impedes learning. | Strengths, interest areas, and preferences | Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities |
| | | |

| | |
|---|--|
| <p align="center">Bullying</p> <p>Describe any disability-related skills and proficiencies the student needs in order to avoid and respond to bullying, harassment, or teasing. This section must be completed for students who have a disability that affects social skills development; students vulnerable to bullying, harassment, or teasing; and students with autism.</p> | Specify how these needs, if any, will be addressed in the IEP. |
| | |

Autism-Specific Question: Does the student require any positive behavioral interventions, strategies, and supports to address their behavioral difficulties resulting from autism spectrum disorder?

- Yes No

Autism-Specific Question: Does the student need to develop social interaction skills and proficiencies?

- Yes No

Autism-Specific Question: Does the student have needs related to changes in environment or to daily routines?

- Yes No

Autism-Specific Question: Does the student have needs related to repetitive activities and movements?

- Yes No

Autism-Specific Question: Does the student have needs resulting from their unusual responses to sensory experiences?

- Yes No

If yes to any of the above, these needs will be addressed in the following section(s) of the IEP:

| | |
|--|--|
| <input type="checkbox"/> Accommodations/Modifications <input type="checkbox"/> Goals/Objectives | <input type="checkbox"/> Services Delivery Grid <input type="checkbox"/> Additional Information |
|--|--|

**Autism
Specific
Questions**

This is the same form but specifically for Behavioral/Social/Emotional

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: COMMUNICATION

| Briefly describe current communication performance. | Strengths, interest areas, and preferences | Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities |
|---|--|--|
| | | |

Does the student require the use of augmentative and alternative communication (AAC)? Consider any AAC needs for non-speaking students or those with limited speech.

- Yes No

If yes, describe how the Team will address the student's needs (including acquiring, designing, customizing, maintaining, repairing, and/or replacing AAC device/system).

- The student needs an AAC device/system at school.
- The student needs an AAC device/system at home or in other non-school settings to receive a free appropriate public education.
- The student needs training and/or technical assistance to use the AAC device/system.
- The student's family needs training and/or technical assistance concerning the AAC device/system.
- Educators, other professionals, employers, or others who work with the student need training and/or technical assistance concerning the AAC device/system.

These needs will be addressed in the following section(s) of the IEP:

| | |
|---|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | <input type="checkbox"/> Additional Information |

Autism-Specific Question: Does the student have needs in the areas of verbal and nonverbal communication, including but not limited to those identified in assistive technology/AAC evaluation(s)?

- Yes No

If yes, these needs will be addressed in the following section(s) of the IEP:

| | |
|---|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | <input type="checkbox"/> Additional Information |

This is the same form but specifically for Communication

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ADDITIONAL AREAS

| | | |
|--|---|---|
| <p>Additional Areas, as Applicable (such as activities of daily living, health, hearing, motor, sensory, and vision) Briefly describe current performance and any applicable documentation. Please note that parent(s) are only asked to share health information voluntarily.</p> | <p>Strengths, interest areas, and preferences</p> | <p>Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities</p> |
| <p><i>Deaf or Hard of Hearing</i></p> | | |

This is the same form but specifically for Additional Areas

The student is deaf or hard of hearing, and their language and communication needs will be addressed in the following section(s) of the IEP: _____

| | | |
|---|--------------------------|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | | <input type="checkbox"/> Additional Information |

Blind or Visually Impaired (including Cortical Visual Impairment)

Braille is needed and will be addressed in the following section(s) of the IEP: _____

| | | |
|---|--------------------------|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | | <input type="checkbox"/> Additional Information |

Screen readers or other assistive technology are needed and will be addressed in the following section(s) of the IEP: _____

| | | |
|---|--------------------------|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | | <input type="checkbox"/> Additional Information |

Orientation and mobility services are needed and will be addressed in the following section(s) of the IEP: _____

| | | |
|---|--------------------------|--|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> | <input type="checkbox"/> Services Delivery |
| <input type="checkbox"/> Grid | | <input type="checkbox"/> |
| Goals/Objectives | | Additional |
| Information | | |

Specific Questions for Deaf and Hard of Hearing Students

STUDENT PROFILE

Refer to IEP Team Decision re: Disability Categories

The student is identified as having the following disability or disabilities. Include all that apply.

- Autism
- Communication Impairment
- Developmental Delay (ages 3–9)
- Emotional Impairment

- Health Impairment
- Intellectual Impairment
- Neurological Impairment
- Physical Impairment

- Sensory Impairment
 - Hearing
 - Vision
 - Deaf-Blind
- Specific Learning Disability

Can we now identify more than one disability - Looking at the student as a whole

STUDENT PROFILE

Refer to IEP Team Decision re: Disability Categories

Can we now identify more than one disability - Looking at the student as a whole

The student is identified as having the following disability or disabilities. Include all that apply.

- Autism
- Communication Impairment
- Developmental Delay (ages 3–9)
- Emotional Impairment

- Health Impairment
- Intellectual Impairment
- Neurological Impairment
- Physical Impairment

- Sensory Impairment
 - Hearing
 - Vision
 - Deaf-Blind
- Specific Learning Disability

English Learner

Has the student been identified as an English learner?

- Yes
- No

If yes, describe the student’s English Learner Education program, English as a Second Language services, and progress toward English language proficiency benchmarks:

This applies to students who have been identified by their district as having language fluency in a spoken/written language other than English

Identify any language needs and consider how they relate to the student’s IEP:

ASL and English Bilingual Education Program

STUDENT PROFILE

Refer to IEP Team Decision re: Disability Categories

Can we now identify more than one disability - Looking at the student as a whole

The student is identified as having the following disability or disabilities. Include all that apply.

- Autism
- Communication Impairment
- Developmental Delay (ages 3–9)
- Emotional Impairment

- Health Impairment
- Intellectual Impairment
- Neurological Impairment
- Physical Impairment

- Sensory Impairment
 - Hearing
 - Vision
 - Deaf-Blind
- Specific Learning Disability

English Learner

Has the student been identified as an English learner?

- Yes
- No

If yes, describe the student’s English Learner Education program, English as a Second Language services, and progress toward English language proficiency benchmarks:

This applies to students who have been identified by their district as having language fluency in a spoken/written language other than English

Identify any language needs and consider how they relate to the student’s IEP:

ASL and English Bilingual Education Program

Assistive Technology

Does the student require assistive technology devices or services?

- Yes
- No

Does the student require assistive technology.

If yes, this need will be addressed in the following section(s) of the IEP:

- | | |
|---|---|
| <input type="checkbox"/> Accommodations/Modifications | <input type="checkbox"/> Services Delivery Grid |
| <input type="checkbox"/> Goals/Objectives | <input type="checkbox"/> Additional Information |

IEP Pages 7- 9

Post-Secondary Planning (Transition)

In the interest of time we will not cover this today - If there is interest, we will provide another training by our Transition Team

ACCOMMODATIONS AND MODIFICATIONS

Accommodations: List the accommodations the student needs to make progress in the areas of academic achievement and functional performance. Leave blank any boxes that are not appropriate for the student.

| | Presentation of Instruction The way information is presented. | Response The way the student responds. | Timing and/or Scheduling The timing and scheduling of the instruction. | Setting and/or Environment The characteristics of the setting. |
|--|---|--|--|--|
| Classroom accommodations | | | | |
| Nonacademic settings (lunch, recess, etc.) | | | | |
| Extracurricular activities | | | | |
| Community/workplace | | | | |

Accommodations and Modifications are organized by type and the specific setting to which they apply

ACCOMMODATIONS AND MODIFICATIONS

Accommodations: List the accommodations the student needs to make progress in the areas of academic achievement and functional performance. Leave blank any boxes that are not appropriate for the student.

| | Presentation of Instruction The way information is presented. | Response The way the student responds. | Timing and/or Scheduling The timing and scheduling of the instruction. | Setting and/or Environment The characteristics of the setting. |
|--|---|--|--|--|
| Classroom accommodations | | | | |
| Nonacademic settings (lunch, recess, etc.) | | | | |
| Extracurricular activities | | | | |
| Community/workplace | | | | |

Accommodation and Modification are organized by type and the specific setting to which they apply

Modifications: List the modifications, if any, that are needed to the student's program so they can meet their goals, make progress, and participate in activities alongside students with and without disabilities. Leave blank any boxes that are not appropriate for the student.

| | Content | Instruction | Student Output |
|--|----------------|--------------------|-----------------------|
| Classroom modifications | | | |
| Nonacademic settings (lunch, recess, etc.) | | | |
| Extracurricular activities | | | |
| Community/workplace | | | |

STATE AND/OR DISTRICTWIDE ASSESSMENT/ALTERNATE ASSESSMENT

Identify the state or districtwide assessments planned during the IEP period. Consider MCAS (Grades 3–12), ACCESS (Grades K–12), etc.

| |
|--|
| |
|--|

This is the page
where we
document MCAS
Participation

How does the student participate in state and/or districtwide assessments?

- The student participates in on-demand assessment with no accommodations under routine conditions in all content areas.
- The student participates in on-demand assessment with accommodations.

Please indicate which testing accommodations the student requires:

| English Language Arts | Math | Science | Other |
|-----------------------|------|---------|-------|
| | | | |

- The student participates in state and/or districtwide alternate assessment(s).

Please select the subject(s) below in which the student needs alternate assessment(s). Please explain why the student needs alternate assessment(s), and why the alternate assessment you have chosen is appropriate for them.

| <input type="checkbox"/> English Language Arts | <input type="checkbox"/> Math | <input type="checkbox"/> Science | <input type="checkbox"/> Alternate Access for ELLs |
|--|-------------------------------|----------------------------------|--|
| Explanation: | Explanation: | Explanation: | Explanation: |

MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3–5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability. Please include additional goals as necessary.

| | | | | |
|---|---|---|--|--|
| Goal Number: | Goal Area: | | | |
| Baseline (What can the student currently do?): | | | | |
| Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe? | Criteria What measurement will be used to determine whether the goal has been achieved? | Method How will progress be measured? | Schedule How frequently will progress be measured? | Person(s) Responsible Who will monitor progress? |
| | | | | |
| Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal) | | | | |
| | | | | |

The baseline is specific to the goal - the annual goal, criteria, method of measurement, schedule of progress monitoring and individual responsible for monitoring are all identified separately

SCHEDULE OF PROGRESS REPORTING

⊕ Explain how and when parent(s) will be periodically informed of the student's progress toward meeting the annual goal(s):

PARTICIPATION IN THE GENERAL EDUCATION SETTING

Can the student’s educational needs be met in the general education setting, with or without the use of supplementary aids and services?

- Yes No

If no, provide an explanation of the extent to which the student will not participate in general education. Include a description of the specific supplementary aids and services considered before determining that the student would be removed from a general education class or activity.

SERVICE DELIVERY

Include specially designed instruction, related services, and supports based on peer-reviewed research to the extent practicable (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]). Consider providing services in general education settings before considering other options.



| Goal Number(s) | Type of Service | Provided by List job title | Location | Frequency/Duration __ x __ minutes per __- day cycle | Start Date | End Date |
|---|-----------------|-------------------------------|----------|---|------------|----------|
| A. Consultation (Indirect Services to School Personnel and Parents) | | | | | | |
| | | | | | | |
| B. Special Education and Related Services in General Education Classrooms (Direct Service) | | | | | | |
| | | | | | | |
| C. Special Education and Related Services in Other Settings (Direct Service) | | | | | | |
| | | | | | | |

The service delivery is essential the same

TRANSPORTATION SERVICES

- Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school **other** than the school the student would have attended if not eligible for special education, then transportation will be provided.)
- The student requires transportation supports and/or services as a related service.
 - Student will be transported on a **regular** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

- Student will be transported on a **special** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

The IEP team can address your specific transportation requests or concerns at this point

TRANSPORTATION SERVICES

- Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school **other** than the school the student would have attended if not eligible for special education, then transportation will be provided.)
- The student requires transportation supports and/or services as a related service.
 - Student will be transported on a **regular** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

- Student will be transported on a **special** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

SCHEDULE MODIFICATION

Does the student require a different duration to their school program, including the length of their day or year so that they can receive a free appropriate public education?

- Yes No

If yes, what are the student's disability-related needs that require a different schedule?

(example) Marie Philip School at TLC is a 11-month approved DESE program that runs from September to July annually on a 8:00a-2:30p schedule.

If yes, describe the change in schedule to the student's educational program.

(example) Marie Philip School at TLC is a 11-month approved DESE program that runs from September to July annually on a 8:00a-2:30p schedule.

If the student requires Extended School Year Services, please include the services they will receive (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]) during Extended School Year in the service delivery grid below.

SERVICE DELIVERY FOR EXTENDED SCHOOL YEAR SERVICES

Describe the specially designed instruction, related services, and supports that the student needs during extended school year to receive a free appropriate public education.

| Goal Number(s) | Type of Service | Provided by List job title | Location | Frequency/Duration __ x __ minutes per __ - day cycle | Start Date | End Date |
|---|-----------------|-------------------------------|----------|--|------------|----------|
| A. Consultation (Indirect Services to School Personnel and Parents) | | | | | | |
| | | | | | | |
| B. Special Education and Related Services in General Education Classrooms (Direct Service) | | | | | | |
| | | | | | | |
| C. Special Education and Related Services in Other Settings (Direct Service) | | | | | | |
| | | | | | | |

Extended School Year Transportation Services

- Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school other than the school they would have attended if not eligible for special education, transportation will be provided.)
- The student requires transportation supports and/or services as a related service.
 - Student will be transported on a **regular** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):
 - Student will be transported on a **special** transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:

Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):

ADDITIONAL INFORMATION

Record other IEP information not previously stated (e.g., information about the student that is important to know but is not addressed through IEP goals and services).

RESPONSE SECTION

School Assurance: I certify that the goals in this IEP are those recommended by the Team and that the indicated special education services will be provided.

| | | | | | |
|--------------------------------------|--|------------|--|-------|--|
| Name and role of LEA representative: | | Signature: | | Date: | |
|--------------------------------------|--|------------|--|-------|--|

Response from parent(s) or student who has reached the age of majority with decision-making rights:

It is important to tell the district your decision as soon as possible. Please indicate your response by checking the appropriate box below and returning a signed copy to the district.

I accept this 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:

I reject this IEP as developed.

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.

Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over**

Date:

** Student signature is required once a student reaches 18 unless there is a court-appointed guardian.

Meeting Request

I request a meeting to discuss the rejected IEP or rejected portion(s).



THE LEARNING CENTER
FOR THE DEAF