

Form #5c - Revision of the IEP Between Annual Review Meetings

School District: _____ Case Manager: _____

Student's Name: _____ Student #: _____

Date of Birth: _____ Date Sent: _____

Name and Address of Parent/Guardian/Surrogate: _____

DOCUMENTATION OF THE IEP MEETING DECISION:

An annual IEP meeting was held on ____/____/____. The Local Education Agency (LEA) and _____, the student's parent/guardian, would like to revise the IEP and have agreed at a formal IEP meeting held on ____/____/____ to make the following changes (see revised IEP pages).

Summary and rationale for the revisions: _____

The Effective Date of the IEP revision(s) will be: ____/____/____.

If you have any questions or would like to discuss this further, please contact me at:

Phone: _____

Email: _____

Postal Address: _____

Sincerely,

Printed Name: _____

Position: _____

Enclosures: Revised IEP pages (*provided to Parents and IEP Team Members*)

Contact Information:

If you have questions about this document or would like additional information, please contact:
the [Special Education Monitoring Team](#).