

St. Bernard Parish School Board
200 E. St. Bernard Hwy.
Chalmette, LA 70043
Prior Notice of Proposed Action For Amendment to IEP

Date: _____ School: _____

Student Name: _____ Address: _____

The individuals listed below have been invited to attend this amendment to the IEP and participate as members of the IEP Committee.

Officially Designated Representative of School System	Special Education Teacher
Regular Education Teacher	(Name/Position)
(Name/Position)	(Name/Position)

DESCRIPTION OF PROPOSED AMENDMENT

Specific proposed amendment changes: (i.e. new wording of goal; specific minutes, etc.)

The meeting has been scheduled _____ at _____ for _____ Day/Date (Location) (Time)

Please check the appropriate line below if you plan to attend the scheduled meeting. If the time is not convenient for you indicate when you would be able to attend. The enclosed copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools* explains your rights which are protected under the *Regulations for Implementation of the Children with Exceptionalities Act*.

If you would like to have additional information considered in the amendment process or if you have any questions please contact: _____ at _____.

Changes to the IEP by this amendment will be implemented unless otherwise indicated below.

- _____ I plan to attend the scheduled amendment to the IEP at the time and place indicated above.
- _____ I am unable to attend at the time above. The best day and time for me is _____.
- _____ I approve the proposed amendment changes without a meeting. I understand that a copy of the amendment will be sent home.
- _____ I am unable to attend but am available for a telephone conference on the date and time listed above.
- _____ I have received a copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*.

Parent/Guardian Signature: _____ Date: _____

Contact Information: Home Phone: _____ Cell Number: _____ Work: _____