

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



Local Education Agency _____ Case Manager _____

Student Name _____ Date of Birth ____/____/____ Child Count ID # _____

DOCUMENTATION OF THE IEP MEETING DECISION:

An annual IEP meeting was held on ____/____/____. The Local Education Agency (LEA) and the Parent would like to revise the IEP and have agreed at a formal IEP meeting held on ____/____/____ to make the following changes.

Summary and justification for the revisions:

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

If you have additional questions regarding this IEP revision, or would like to discuss this further, please contact me by phone at: _____ or write to me at:

Printed Name and Position: _____

Mailing Address: _____

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