SPECIAL EDUCATION
WENATCHEE SCHOOL DISTRICT

DOCUMENTATION OF IEP REVISION

Student name: _____ Birth date: _____
(last, first, middle initial) (month/day/year)

School: _____ Grade: _____

Date of this amendment: _____ This plan amends IEP development on: _____
Review date of IEP: _____

Reason for amendment(s):

Amendment(s):

IEP Participants Present (signatures)

Student (if appropriate)	District Representative
Parent	Special Education Teacher/Provider
Parent	Person Knowledgeable About Evaluation Data
General Education Teacher	Person Knowledgeable About Placement Options
Other	