



PURPOSE: After the annual IEP team meeting for a school year, the parent and the school district may agree not to convene an IEP team meeting for the purpose of making changes to the IEP, and instead may develop a written document to amend or modify the student's current IEP. If changes are made to the student's IEP, the district must ensure that the IEP team and other providers responsible for implementing the IEP are informed of the changes. Upon request, the parent must be provided with a revised copy of the IEP with the amendment(s) incorporated. Note: Other provisions of WAC 392-172A-0311(3) apply (See also WAC 392-172A-03015 (1)(a)).

Date of Amendment:	Amendment of the IEP dated:
Student Name:	Student ID:

Riser IEP Amendment

This IEP amendment revises or modifies: *(Check all that apply)*

- ☐ Present levels of educational achievement and functional performance.
- ☐ Instructional goals and objectives.
- ☒ Frequency, location, and/or duration of special education services provided.
- ☐ Related services.
- ☐ Supplementary aids/services, accommodations, and/or transportation.
- ☐ State and/or district assessment participation and/or testing accommodations.
- ☐ Transition services.
- ☒ Other: Riser paperwork for the 2020_2021 School Year

Description of the Proposed Revision(s) *(attach revised goal pages or other IEP pages as may be appropriate)*

- ☐ The IEP is being amended to change student's Preschool placement to ☐ AM or ☐ PM
- ☐ The IEP is being amended to change the student's placement to reflect change from Preschool to Developmental DK.
- ☐ The IEP is being amended to reflect the natural transition from Elementary school to Middle School
- ☐ The IEP is being amended to reflect the natural transition from Middle school to High School
- ☐ The IEP is being amended to reflect minute and program change to
- ☐ The IEP is being amended to reflect the natural transition to Goal or Strive
- ☐ Other:

Description:

Student Name:

Service	Initiation Date	Frequency	Location of Service	Duration	Staff Responsible for Delivering Service
Special Education (<i>specially designed instruction</i>):					
<input type="checkbox"/> Cognitive Functioning	09/05/2020		Special Education/SDI		Special Education Teacher
<input type="checkbox"/> Reading	09/05/2020		Special Education/SDI		Special Education Teacher
<input type="checkbox"/> Written Expression	09/05/2020		Special Education/SDI		Special Education Teacher
<input type="checkbox"/> Math	09/05/2020		Special Education/SDI		Special Education Teacher
<input type="checkbox"/> Vocational	09/05/2020		Special Education/SDI		Special Education Teacher
<input type="checkbox"/> Personal Social Behavioral	09/05/2020		Special Education/SDI		Special Education Teacher
<input type="checkbox"/> Adaptive/Self-Help	09/05/2020		Special Education/SDI		Special Education Teacher
<input type="checkbox"/> Communication Skills	09/05/2020		Special Education/SDI		Speech Language Pathologist
<input type="checkbox"/> Gross/Fine Motor	09/05/2020		Special Education/SDI		Occupational / Physical Therapist
<input type="checkbox"/> Other	09/05/2020		Special Education/SDI		
<input type="checkbox"/> Other	09/05/2020		Special Education/SDI		
Related Services (<i>i.e. – speech, motor, counseling, vision/hearing, transportation, interpreting services, orientation/mobility, parent training, etc.</i>):					
<input type="checkbox"/> Transportation	09/05/2020	To School	Bus	To home	Bus Driver
<input type="checkbox"/> OT/PT related services	09/05/2020				Occupational / Physical Therapist
<input type="checkbox"/> Communication Related	09/05/2020				Speech Language Pathologist
<input type="checkbox"/> Shared Para	09/05/2020				Shared Para
<input type="checkbox"/> 1:1 Para	09/05/2020				1:1 Para
<input type="checkbox"/> 2 Shared Para	09/05/2020				2 Shared Para
<input type="checkbox"/> 1:1 Nurse	09/05/2020				1:1 Nurse
<input type="checkbox"/> 1:1 Interpreter	09/05/2020				1:1 Interpreter
<input type="checkbox"/> Other	09/05/2020				

Parent/Guardian _____

Parent/Guardian _____

Student _____

Special Education Staff _____

Special Education Staff _____

Special Education Staff _____