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| **Next Meeting Date:** |       | **Addendum/Revision to IEP Dated:** |       |
| Parent/Guardian/Surrogate: |       | Home Phone #: |       | Work Phone #: |       |
| Parent/Guardian/Surrogate Address: |       | Mailing Address: |       |
| Student’s Address: *(if different)* |       | Parent/Guardian/Surrogate Emergency Phone #: |       |
| School of Attendance: |       | District of Residence: |       | Residency Code: |       |
|  |  |  |  |  |  |
| **Reason for Meeting:**       |
|  |
| **Results of Meeting:**       |
|  |
| **Change coded items as follows: (disability, preschool placement, school type, statewide assessment program)** |
| ***Change:*** |       | *Code from* |       | *to* |       | ***Change:*** |       | *Code from* |       | *to* |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| *Change Weekly Percentage (%) of time in general education classes from* |       | *to* |       | ***Exit Special Education:*** | *Date:* |       | *Code:* |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **status codes:** | **a = add** | **m = modify** | **E = end** | **nc = no change** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Special education and related services** |
| **Status** | **Service (Code No.)** | **Class No.** | **Provider** | **Location of Service (code no.)** | **Projected Start Date** | **Projected End Date** | **Frequency (Code No.)** | **Duration** |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
|       |       | [ ]  Indiv. [ ]  Group |       |       |       |       |       |       |       |
| **NOTE:** Programs and services will be provided according to where the student is in attendance and consistent with the district of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified. |
|  |
| **service codes for special education and related services** |
| 210 | Family Training, Counseling & Home Visits (age 0-2 only) | 417 | SELPA / DMCC Speech | 540 | Day Treatment Services | 760 | Recreation Services (includes therapeutic |
| 220 | Medical Services – evaluation only (ages 0-2 only) | 425 | Adapted Physical Education | 550 | Residential Treatment Services |  | creation) |
| 230 | Nutrition Services (ages 0-2 only) | 435 | Health & Nursing – Specialized Physical | 610 | Specialized Services for Low Incidence  | 820 | College Awareness |
| 240 | Service Coordination (ages 0-2 only) |  | Health Care Services |  | Disabilities | 840 | Career Awareness |
| 250 | Special Instruction (ages 0-2 only) | 436 | Health & Nursing – Other Services | 710 | Specialized Deaf & Hard of Hearing | 850 | Work Experience Education |
| 260 | Special Education Aide in Regular Development Class | 445 | Assistive Technology Services | 715 | Interpreter Services | 855 | Job Coaching (includes job shadow and service) |
|  | Child Care Home (ages 0-2 only) | 450 | Occupational Therapy | 720 | Audiological Services | 860 | Mentoring |
| 270 | Respite Care Services (ages 0-2 only) | 460 | Physical Therapy | 725 | Specialized Vision Services | 865 | Agency Linkages (referral and placement) |
| 330 | Special Academic Instruction | 510 | Individual Counseling | 730 | Orientation & Mobility | 870 | Travel Training (includes Mobility training) |
| 340 | Intensive Individual Services | 515 | Counseling & Guidance | 735 | Braille Transcription | 890 | Other Transition Services |
| 348 | One-to-One Bus Aide | 520 | Parent Counseling | 740 | Specialized Orthopedic Services | 900 | Other Special Education and Related Services |
| 350 | Individual & Small Group Instruction (ages 3-5 only) | 525 | Social Work Services (DMCC) | 745 | Reader Services | 901 | Transportation |
| 355 | Individual & Small Group Instruction (ages 6+) | 530 | Psychological Services | 750 | Note Taking Services |  |  |
| 415 | Language & Speech | 535 | Behavior Intervention Services | 755 | Transcription Services |  |  |
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| **i understand that this iep is an addendum/revision of my child’s current iep dated** |  | **, and that all goals, objectives, benchmarks,** |
| **and services included in the current iep will be continued unless otherwise stated in this addendum/revision.** |
|  |
|  |  |  |  |
| **Informed consent (initial each applicable statement below)** |
|  |  |  |  |
|  | I have been advised of and given a copy of Special Education Procedural Safeguards/Parent Rights |  | **(IF APPLICABLE)** I have been advised of the district’s responsibility to conduct a vision and hearing |
|  | this school year. |  | screening of my child but ***DO NOT CONSENT*** to this examination. |
|  |  |  |  |
|  | I have received a copy of this Individualized Education Program Addendum/Revision. |  | I ***CONSENT*** to this Individualized Education Program Addendum/Revision ***EXCEPT*** for the following: |
|  |  |  |       |
|  | I ***CONSENT*** to making these changes without an IEP team meeting. |  |       |
|  |  |  |       |
|  | (**IF APPLICABLE**) I ***CONSENT*** to the participation of agencies for transition planning at this IEP meeting. |  |  |
|  |  |  | I ***DO NOT CONSENT*** to this Individualized Education Program Addendum/Revision. ***REASONS:*** |
|  | (**IF APPLICABLE**) It has been explained to me and I understand the reason why a member of the |  |       |
|  | Individualized Education Program (IEP) team is not present. |  |       |
|  |  |  |       |
|  | (**IF APPLICABLE**) I ***CONSENT*** and excuse the team member referred to above from the IEP |  |  |
|  | team meeting. |  | I request a copy of this Individualized Education Program Addendum/Revision to be provided in my |
|  |  |  | primary language: |       |
|  | (**IF APPLICABLE**) Prior to the IEP meeting, I received written information from an excused |  |  |  |
|  | member of the IEP team that is relevant to the development of the IEP. |  | The Individualized Education Program Addendum/Revision has been interpreted orally by: |
|  |  |  | *(when appropriate)* |       |
|  | (**IF APPLICABLE**) I ***CONSENT*** to the review, access, processing of claims, and reimbursement of |  |  |  |
|  | Medi-Cal benefits/information by the school district and/or IEP team for services provided under this |  | The ***TRANSFER OF EDUCATIONAL RIGHTS AT THE AGE OF MAJORITY (18)*** has been |
|  | IEP, including, if appropriate, the provision of Targeted Case Management Services. |  | explained to the student and parent. | Parent Initials: |  | Student Initials: |  |
|  |  |  |  |  |  |  |
|  | The school district facilitates parent involvement to improve services and results for my child. [ ]  YES [ ]  NO | ***DISTRICT USE ONLY:*** Initial here if no response was provided by the parent/guardian: |  |

 |
| **I consent to all components of the IEP addendum/revision with any exceptions noted above. I understand that those components to which I consent will be implemented. I further understand that this consent is voluntary and may be revoked at any time.** |
| [ ]  Parent/Guardian/Surrogate provided ***VERBAL CONSENT*** to implement this IEP. | Date: |       | Student: |  | Date: |       |
| Parent/Guardian/Surrogate: |  | Date: |       | Parent/Guardian/Surrogate: |  | Date: |       |
|  |  |  |  |  |  |  |  |
| **The following attended and participated in the development of this IEP Addendum/Revision:** |
|  |       |  |  |       |
| LEA Representative | Date |  | Speech-Language Pathologist | Date |
|  |       |  |  |       |
| Special Education Teacher | Date |  | Psychologist | Date |
|  |       |  |  |       |
| General Education Teacher | Date |  | Parent/Guardian/Surrogate | Date |
|  |       |  |  |       |
| Nurse | Date |  | Other/Title | Date |
|  |       |  |  |       |
| Other/Title | Date |  | Other/Title | Date |
|  |       |  |  |       |
| Other/Title | Date |  | Other/Title | Date |
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