Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680) 488-5808
E-Mail: spedpw@palaunet.com
Hospital #: A-_____

AMENDMENT TO IEP FORM – SE 8C

Date: _____

Student: _____ **DOB:** _____ **Age:** _____ **Grade:** _____
School: _____ **Address:** _____
Parent: _____ **Parent:** _____

PARENTAL AGREEMENT TO NOT HOLD A FORMAL IEP MEETING:

An annual IEP meeting was held on _____. However, the school and/or the Parent would like to revise the IEP and we have agreed that a formal IEP meeting was not necessary in order to make the IEP revisions. The authorized school staff listed below has explained to the Parent that he or she is not required to enter into this agreement.

_____ _____
Signature of the Parent/Guardian/Surrogate/Adult Student Date

_____ _____
Authorized School Staff Signature Date

The following revisions to be made were to the current IEP (check all that apply):

☐ Special education services ☐ Present levels of educational/functional performance
☐ Extended school year services ☐ Accommodations or supports needed by school personnel
☐ Goals/Objectives pages ☐ Transition goals ☐ Placement changes
☐ Transition services ☐ Related services ☐ Other _____

Summary and justification for the revisions (attach revised IEP pages):

The Effective Date of the IEP revision(s) will be: _____ **. Inform IEP Team of changes.**
Date

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:

Original: ☑ School/EC Program Copy: ☑ Sp Ed Office Copy: ☑ Parent