

The following individuals, as indicated by their signatures, have participated in the development of this IEP:

SIGNATURES:

Name	Position	Date
_____	Student	_____
_____	Parent /Legal Ed Dec Maker	_____
_____	General Education Teacher	_____
_____	*LEA representative/designee	_____
_____	Person to Interpret Evaluation Results	_____
_____	Special Education Teacher	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

*LEA representative/designee must (1) be qualified to provide or supervise special education services, (2) have knowledge of the local general curriculum, and (3) be knowledgeable about availability of resources in the LEA.

I have received a copy of this IEP and a copy of the current evaluation.

(Parent/Legal Guardian/Student Signature)