

Rockingham County Public Schools
ADDENDUM
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Name _____

Date of Birth ____/____/____

School _____

Primary Disability _____

Grade _____

Date ____/____/____

Current Service Delivery Model: Level I Level II

Current IEP from ____/____/____ to ____/____/____

Addendum will be in effect from ____/____/____ to ____/____/____

Modification(s) to the current IEP:

Justification for changes in the IEP:

I **give** consent to implement this IEP Addendum, including the placement decision

I **do not give** consent to implement this IEP Addendum

Parent/Guardian/Surrogate/Student* _____

Date ____/____/____

Administrator/Designee _____

Date ____/____/____

Special Education Teacher _____

Date ____/____/____

Regular Education Teacher _____

Date ____/____/____

Other _____

Date ____/____/____

Other _____

Date ____/____/____

* My signature indicates that I give consent for this IEP addendum and have received a copy of the **Virginia Special Education Procedural Safeguard Requirements Under the Individuals with Disabilities Education Act**. If you have any questions regarding the "procedural safeguard" document, you may contact the Director of Pupil Personnel Services at 564-3225.

White Copy: Central Office

Yellow Copy: School

Pink Copy: Parent

Goldenrod Copy: Teacher