6/12/09

IEP Implementation

Documentation

 I acknowledge it is my responsibility to access, review, and

implement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s IEP. I understand that I have access

 (Student’s Name)

to all Special Education documents in Infinite Campus or by accessing the

Special Education folder. If I have any questions regarding this

information or accessing this information, I will contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( Special Education Teacher/Case Manager)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Education Teacher Special Area Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Education Teacher Special Area Teacher

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General Education Teacher Special Area Teacher

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General Education Teacher Special Area Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructional Assistant Special Area Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructional Assistant Instructional Assistant