

**Capistrano Unified School District**  
 San Juan Capistrano, California  
**Individualized Education Program (IEP) Addendum**

Addendum to IEP dated: \_\_\_\_\_

Date of Addendum: \_\_\_\_\_

**STUDENT INFORMATION:**

Student Name _____	Birthdate _____	Age _____	M _____	F _____	Grade <b>Pre-K</b>
Address _____	City _____	State _____	ZIP _____		
Parent/Guardian Name & _____	Phone _____	Work _____			
District/School of Residence _____	District/School of Attendance _____				
Current Placement _____	Teacher _____	Soc. Sec.# _____			

The parent/guardian was advised of meeting by:  Telephone Date \_\_\_\_\_  Letter Date \_\_\_\_\_  
 The parent/guardian and/or representative  Did attend the meeting  Did not attend the meeting\*  
 \*State action taken to encourage attendance. \_\_\_\_\_

**Complete only those areas which reflect alteration of the current IEP:**

1. Purpose of Meeting:

2. Present Level of Performance

3. Annual Goals/Objectives for Added or Revised Services: page(s) \_\_\_\_\_ of \_\_\_\_\_

4. Addition or Revision of Services \_\_\_\_\_

Frequency/Duration/Location and dates of service: \_\_\_\_\_

Percentage of school day in Special Education: \_\_\_\_\_ %

Deletion of services: \_\_\_\_\_ Date: \_\_\_\_\_

5. Other Recommendations:

6. Next IEP Review Date \_\_\_\_\_

IEP Meeting Notes Attached?  yes  no

**PARENTAL CONSENT (Please initial areas that are acceptable)**

\_\_\_\_\_ I have been informed and received notice of my Parental Rights and Procedural Safeguards for Special Education and understand them.  
Initial

\_\_\_\_\_ I consent to the above changes in the IEP.  
Initial

\_\_\_\_\_ I have received copies of assessment reports  
Initial

**In addition to the parent(s) the following were participants in the development of the Individualized Education Program (IEP)**

\_\_\_\_\_  
 Teacher / Special Education Date

\_\_\_\_\_  
 Parent / Guardian Date

\_\_\_\_\_  
 Teacher / Regular Education Date

\_\_\_\_\_  
 Parent / Guardian Date

\_\_\_\_\_  
 Additional Participant / Title Date

\_\_\_\_\_  
 Student Date

\_\_\_\_\_  
 Additional Participant / Title Date

\_\_\_\_\_  
 Administrator /Designee Date