

## NCKSEC Amendment Review Checklist

Staff Member: \_\_\_\_\_ Student: \_\_\_\_\_ Initial Review Date: \_\_\_\_\_

IEP Accepted/No Changes Needed: \_\_\_\_\_ Final Review Date/IEP Changes Accepted: \_\_\_\_\_

Amendment Requirements	Yes	No	N/A	Comments	Reviewed
Description of what is being amended					
Description dated and added to digital IEP					
Reflected in appropriate section(s) of IEP	Yes	No	N/A	Comments	Reviewed
Goal					
Special Education Services (F/L/D and Date)					
Changes in Related Services (F/L/D and Date)					
Participation Statement					
Anticipated Services Chart					