

# INDIVIDUAL EDUCATION PROGRAM (IEP) SIGNATURE PAGE

**Department of Early Childhood  
Lincoln Public Schools • Lincoln, Nebraska**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

**The Individual Education Team included the following participants in attendance:**

NAME	POSITION/RELATIONSHIP TO STUDENT	DATE
	Parent*	
	Regular Education Teacher*	
	Special Education Teacher/Provider*	
	Individual to Interpret Results*	
	School District Representative*	
	Speech Language Pathologist/Provider	
	Others (Determined by Parents)	
	Others (Determined by District)	
	Occupational Therapist	
	Physical Therapist	
	Vision Teacher and/or O&M	
	Teacher of the Deaf/Hard of Hearing and/or Audiologist	
	Bilingual Liaison/Interpreter	
	Others (Determined by the District or Parents)	
	Others (Determined by the District or Parents)	

*\*Indicates required team member.*

1. The school district has taken the necessary action to ensure that I understand the proceedings of this IEP conference *(including arrangement for an interpreter, if appropriate)* .....  Yes  No
2. I/We understand the contents of and agree to this IEP .....  Yes  No  
If no, the reason for not agreeing is: \_\_\_\_\_.
3. I/We would like to receive an electronic copy of my child's IEP .....  Yes  No

A copy of the *Rights and Responsibilities Regarding Identification and Placement of Students in Special Education* was provided at no cost by \_\_\_\_\_ on \_\_\_\_\_.  
*(Contact Name)* *(Date)*