

## TIEnet – Signature Field on IEP Notice Page

When you open a new IEP document, you will not see a signature line under “Signatures” on the “Notice Regarding Provision of Special Education” section.

NOTICE REGARDING PROVISION OF SPECIAL EDUCATION	
<b>STUDENT INFORMATION</b>	
Student: John Smith Birthdate: 09/12/2012 Age: 1-11 Grade:	Date of IEP Team Meeting: Resident District: Student Primary Language: Language in the Home:
<b>PURPOSE</b>	
This notice is a result of the Individualized Education Program (IEP) Team meeting that was held on the date listed above for the following purpose(s):	
Primary Purpose:	Additional Purpose:
<b>OPTIONS CONSIDERED</b>	
The IEP Team Report describes the assessment/evaluation procedures and data used during the IEP Team meeting. The following options were considered but not selected for the reason(s) indicated below:	
Considered Options	Reasons Not Selected
Other relevant factors to the district's proposal or refusal: <i>(if none, enter 'None')</i>	
<div style="background-color: #f0f0f0; height: 30px;"></div>	
<b>RESOURCES FOR PARENTS</b>	
The that you received describes protections under the Individuals with Disabilities Education Act (IDEA). Information is also available from:	
<ul style="list-style-type: none"> <li>MICHIGAN ALLIANCE FOR FAMILIES, 1819 South Wagner Road, PO Box 1406, Ann Arbor, MI 49106; 1-800-552-4821; <a href="http://www.michiganallianceforfamilies.org">www.michiganallianceforfamilies.org</a></li> <li>MICHIGAN DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES, PO Box 30008, Lansing, MI 48909; 1-517-373-0923; <a href="http://www.michigan.gov/mde">www.michigan.gov/mde</a></li> <li>MICHIGAN PROTECTION AND ADVOCACY, 4095 Legacy Parkway, Suite 500, Lansing, MI 48911-4263; 1-800-288-5923; <a href="http://www.mpas.org">www.mpas.org</a></li> </ul>	
<b>SIGNATURES</b>	
DISTRICT COMMITMENT	
Mode of Delivery: (none)	Date of Delivery:

When you select Initial as the “Purpose of the IEP Team Meeting” on the Participants and Profile section, a Parent signature is required.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM REPORT	
Date of IEP Team Meeting: 9/9/2014	Date of Last Evaluation IEP: 01/31/2012
Student Name: John Smith	Home Phone: 555-1212
Student's Address: 742 Evergreen Terrace, Ann Arbor	State: Michigan Zip Code: 48105
County:	Resident District: 81010 (Ann Arbor)
Student Primary Language:	(ID) <a href="#">lookup</a> Language in the Home: English
Birthdate: 06/18/2009	Age: 5-2 Grade: Early Childhood/Early On® (below kindergarten level)
<b>PURPOSE</b>	
Purpose of IEP Team Meeting: Initial	Additional Purpose: (none)
<b>PARTICIPANTS</b>	

On an Initial IEP, a signature line will appear for both the District and Parent.

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<b>SIGNATURES</b>	
DISTRICT COMMITMENT	
The school district superintendent/designee assures that the least restrictive environment has been fully considered and assigns this student to the following:	
<input checked="" type="checkbox"/> The resident district <input type="checkbox"/> An operating district Building/Program: Manchester High School	
Resident District Superintendent/Designee:	Date: 09/09/2014
PARENT/GUARDIAN/STUDENT	
Parent consent is required for the initial provision of special education programs and/or services. I/We, as parent/guardian/student:	
<input checked="" type="checkbox"/> Give consent to the initial provision of special education programs/services <input type="checkbox"/> Decline to give consent to the initial provision of special education programs/services	
Parent/Guardian/Student:	Date: 09/09/2014

If Annual Review or Reevaluation is selected as the meeting purpose, a signature line for the District only will appear.

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