

Acknowledgement of Receipt of Individualized Education Program (IEP)

Student: _____ DOB _____

NYC ID: _____ Date of Acknowledgment _____

My signature below is an acknowledgment that, in keeping with NYS law and regulation, Integrated Treatment Services has given me a copy of the current IEP for the above named student. This IEP date is: _____.

As a professional working with this student, I understand that the special education programs and services that this student receives are mandated by the IEP and that my interventions, goals, objectives and management strategies are to be derived from this IEP. Understanding both what is on the IEP and my role in implementing the special education programs/services described on that document are critical to the success of this student. I know that if at any time questions arise regarding the implementation and or interpretation of this student's IEP, I must request clarification from my supervisor.

As a special education professional, I acknowledge the following:

1. In keeping with all laws and regulations regarding confidentiality, I must treat this copy of this student's IEP carefully and in such a manner that the student's personally identifying information is always kept secure and privileged. This includes, but is not limited to, not sharing the IEP's contents with other individuals who are not authorized to access information regarding this student;
2. The parent/legal guardian of this student is entitled to quarterly reports from me, in a format as specified by this agency, regarding the progress this student is making toward achieving his/her annual goals;
3. I am responsible to immediately review all IEPs which are given to me to confirm both their accuracy and completeness. As a result of the review, should an IEP be found to be incorrect or incomplete in anyway, I will immediately notify my supervisor so that the CPSE can be contacted and, if necessary, a new CPSE review convened;
4. If this, or any other student on my caseload or in my class is determined to require: updated IEP goals and objectives because the goals have been met or are inappropriate; further evaluation; and or a change in special education program or related service recommendations, I will notify my supervisor *immediately* so that a referral to the CPSE can be initiated for a requested or annual review;
5. Only as *applicable*: If I am the special education teacher in a special class in an integrated setting, I will review this document with the teacher assistants assigned to my classroom and keep a copy available for their reference. My review will provide guidance as to the responsibilities of the assistant in implementing this student's IEP. If the assistant is not an employee of Integrated Treatment Services, I will insure that the consent of the parent/guardian has been obtained prior to my sharing the IEP.

Professional's Signature

Note: The completed form is to be filed in the student's file.

Printed Name and Title

