

2013-2014

NOTIFICATION OF STAFF RESPONSIBILITIES

Notice: 300.342 of IDEA 2004 requires that each public agency ensure that each teacher and provider responsible for implementation of any part of a student's IEP be informed of:

- a) His or her specific responsibilities related to implementing the student's IEP
- b) The specific accommodations, modifications and supports that must be provided to the student in accordance with the IEP

DATE: _____

TO: _____

FROM: _____

RE: Students (s) : _____

This student's IEP is on file and available for your review in the _____ School Office.

Pursuant to this IEP, you have certain responsibilities relating to implementing this plan. Please review this plan and become familiar with it, including your specific responsibilities under the plan. You are also responsible to implement any accommodations, modifications and supports that must be provided to this student in accordance with this plan. Should you have questions regarding this IEP or your specific responsibilities relating to implementing this plan, please contact the special education service provider listed below.

Please complete the acknowledgement below and return this form within seven (7) calendar days to _____(service provider).

I _____(GE provider) have reviewed a copy of the IEP goals and objectives and have received a copy of the supplemental aids and services/supports for the above named student(s).

Signed _____ Dated _____

SAS PAGE IS ATTACHED

Notification of MEAP Accommodations (Supplementary Aids/Services)

Notice: 300.342 of IDEA 2004 requires that each public agency ensure that each teacher and provider responsible for implementation of any part of a student's IEP be informed of:

- a) His or her specific responsibilities related to implementing the IEP
- b) The specific accommodations, modifications and supports that must be provided to the student in accordance with the IEP.

Date: _____

To: _____

From: _____

Student requiring MEAP Accommodations (Supplementary Aids/Service): _____

Accommodations required for MEAP: See attached SAS page with MEAP accommodations highlighted and/or starred.

I acknowledge receipt of the Accommodations required for MEAP.

Signature

Date: _____

