

## Receipt of IEP Documentation

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

By signing my name on the line below, I certify that I have received goals and objectives for the above named student. Additionally, I have received a list of accommodations and/or modifications that may be needed by this student to perform in the classroom.

Teacher's Signature	Date Received	Subject Area Taught
		English
		Health
		Mathematics
		Reading
		Science
		Social Studies
		Other
		Other
		Other