**DOCUMENTATION OF IEP DELIVERY/ACCESS**

**Name of Special Education Teacher:**

**School:**

\*By signing this document, I acknowledge my awareness of the special education status for the students’ listed below and understand that I am responsible for viewing the IEP in Infinite Campus (or have received a copy of IEPs for those unavailable in Infinite Campus.) I will contact the case manager/special education teacher with any questions regarding my responsibilities for implementing services as listed on the IEP.

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| **Student’s Name** | **Regular Education****Teacher/.IEP Implementer Name** | **Signature: Received by Regular Education Teacher/IEP Implementer** |  **Date** |
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Special Education Teachers: **Take two copies of this form to the regular education teacher/IEP implementer, have them sign, give one copy to the regular education teacher, and keep one copy for your records.** Once all have been signed for every student on your caseload, send copies of your documentation to the Director of Special Education and your Principal or their designee.

implementer within 10 school days of their specific responsibilities including collecting and maintaining data.