

CURRICULUM DESIGN:  
SPECIAL PROGRAMS

EHB (REGULATION)  
(EXHIBIT)

See the following pages for exhibits relating to special programs:

Exhibit A: Special Education - Acknowledgment of Receipt of Individual Education  
Plan/Intervention Plan – 1 page

Exhibit B: Section 504 - Acknowledgment of Receipt of Accommodation/Intervention Plan – 1  
page

EXHIBIT A

Northwest Independent School District  
**Special Education --  
Acknowledgment of Receipt of  
Individual Education Plan/Behavior Intervention Plan**

Administrative Regulation EHB (LOCAL) states that teachers and administrators shall be held accountable for implementation of modifications/accommodations determined by an ARD Committee for a student with disabilities eligible for IDEA services.

This form is to acknowledge delivery/receipt of a new or revised individual education plan or behavior intervention plan for the following student:

Student Name	(Last)	(First)	(Middle)
Type(s) of Document(s):		Date(s) of Document(s):	
<input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Other _____			
Name of Responsible Administrator			

My signature acknowledges receipt of the above-mentioned document(s).

Signature of Person Receiving Document	Printed Name	Date

My signature acknowledges delivery of the above-mentioned document(s).

Printed Name/Title	
Signature of Campus 504 Coordinator	Date of Completion

Original: Responsible Administrator  
Copy to: Receiving Teacher(s)  
Student's Special Education Folder

Revised: 01-2006

Northwest Independent School District  
**Section 504 Acknowledgment of Receipt of  
Accommodation/Intervention Plan**

Administrative Regulation EHB (LOCAL) states that teachers and administrators shall be held accountable for implementation of accommodation and/or behavior intervention plans developed by a Section 504 Committee for an eligible student with disabilities under Section 504.

This form is to acknowledge delivery/receipt of a new or revised accommodation and/or behavior intervention plan for the following student:

Student Name (Last)	(First)	(Middle)
Type(s) of Document(s): <input type="checkbox"/> Section 504 Accommodation Plan <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Other _____		Date(s) of Document(s):
Name of Responsible Administrator (Campus 504 Coordinator)		

My signature acknowledges receipt of the above-mentioned document(s).

Signature of Person Receiving Document	Printed Name	Date

My signature acknowledges delivery completion of the above-mentioned document(s) to all responsible personnel.

Printed Name/Title	
Signature of Campus 504 Coordinator	Date of Completion

ORIGINAL: Student 504 Folder  
COPY TO: Receiving Teacher

Revised: 01-2006