Documentation of IEP Delivery/Access

Name of Intervention Specialist:_____

Building:_____ School Year:_____

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

Student's Name	General Education Teacher/IEP Implementer Name	Signature: Received by General Education Teacher/IEP Implementer	Date

Special Education Teachers: **Take two copies of this form to the general education teacher/IEP implementer, have them sign, give one copy to the general 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 Student Services.

A student's case manager shall inform each IEP implementer within **10** school days of their specific responsibilities, including collecting and maintaining data.