



B21

**INDIVIDUAL EDUCATION PLAN (IEP) ACKNOWLEDGEMENT FORM**

I have read and Understand \_\_\_\_\_  
(Student's Name)

IEP Dated \_\_\_\_\_

(Check the items that apply)

- ☐ 1. I realize this student takes prescription medication and that this could affect performance and behavior in class.
- ☐ 2. Due to the special needs of this student, I realize that modification in instruction may be needed to meet the individual educational needs of this student.

\_\_\_\_\_  
Regular Education Teacher Signature

\_\_\_\_\_  
Date

**Jami Hodge – Director**

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