**Evidence of Consultation**

I, the undersigned parent or guardian of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PEN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am aware that my son/daughter needs adaptations/modifications to their educational program and have been provided the opportunity to be consulted about the preparation of this Individual Education Plan (IEP).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (please print) Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Resource Teacher Signature

Note:

1. **Regular Program** – student achieves the grade specific learning outcomes
2. **Adapted Program** – student achieves general learning outcomes with some adaptations to their program (fewer questions, more time, no penalty for spelling, enlarged print, etc).
3. **Modified Program** – student is not able to achieve regular academic outcomes and therefore is working on completely different set of outcomes as outlined in their IEP. Progress is reported through an IEP Progress Report at the end of each term.