

Date: \_\_\_\_\_

# TEACHER ACKNOWLEDGEMENT

## Verification of Receipt for Instructional Modifications\*

Student Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Campus: \_\_\_\_\_

I verify that I have received the instructional modifications/accommodations, relevant IEPs, and relevant Behavior Intervention Plans for the above named student. I understand that I have access to this student's eligibility folder and that the IEP is legal and binding.

I also acknowledge that:

- these modifications/accommodations were explained to me
- I understand the implementation of the modifications/accommodations, and
- I can contact special education personnel if I need further clarification or if I have any questions relating to the student's disability, educational program, or ability.


General Education Personnel

Special Education Personnel

\*Any teacher has the right to call for an ARD to reconsider modifications/accommodations or IEP goals and objectives with proper justification and documentation.

White copy: Eligibility Folder

Yellow Copy: Special Education Teacher