

IEP TEAM OVERRIDE

STUDENT NAME:		SIMS:	
DATE OF BIRTH:	AGE:	GENDER:	
SCHOOL DISTRICT:	SCHOOL:	MEETING DATE:	
PARENT/GUARDIAN:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:

IEP Override	ARSD: 24:05:24.01:31
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The IEP Team must document the following	
1	Explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student.
2	Indicate what objective data were used to conclude that the student has a disability and is in need of special education. Data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data.

3

Indicate which data have the greatest relative importance for the eligibility determination.

IEP team members must sign-off agreeing to the override decision. If one or more IEP team members disagree with the override decision, the disagreeing members must include a statement of why they disagree, signed by those members

Name Team Members

Role

Agree or Disagree with Override

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree-attach report
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