**Monongalia County Schools**

**Verification of Dissemination of IEP**

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WVEIS#\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**As a non-participant in this student’s Individualized Education Program (IEP) meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date), I acknowledge that I have read and understand the student’s IEP.**

(H.B.4384 requires that all other (non-IEP participant) teachers in whose class or program a student with exceptional needs is enrolled shall read and sign a copy of the student’s individualized education program plan acknowledging that he or she has read and understands it and make accommodations and modifications for the student, if needed or identified, to help the student succeed in the class or program. This requirement includes, but is not limited to, teachers of music, musical education, art, driver education and other instruction offered.)

**TEACHER’S PRINTED NAME SIGNATURE DATE**\_\_\_\_\_\_\_\_\_

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**CASE MANAGER SIGN AND DATE**

This form is to be part of, attached to, the student’s IEP.