

**Mississippi Department of Human Services/Division of Youth Services  
Receipt of IEP Documentation**

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

By signing my name on the line below, I certify that I have received goals and objectives for the above named student. Additionally, I have received a list of accommodations and/or modifications that may be needed by this student to perform in the regular education classroom.

Teacher's Signature	Date Received	Subject Area Taught
		English
		Health
		Mathematics
		Reading
		Science
		Social Studies
		Other
		Other
		Other