

**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 a complete copy of the above names student's IEP. This IEP includes accommodations and/or modifications that may be needed by this student to perform in the classroom.

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