

**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 classroom.

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