



Area Special Education Cooperative
1505 Central Ave NW, East Grand Forks, MN 56721
218/773-0315 FAX: 218/773-0924

IEP Routing Form

CONFIDENTIAL

Attached you will find a copy of _____'s IEP. Please read through it and contact me if you have any questions. After you have read it, sign your name in the space provided next to your name on the sheet and date it. If there are other names on the routing list, please give it to the next person listed. After the last person has read the IEP and signed off, please return it to me by the date indicated. Thank you.

Route To	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this form and the attached IEP to

_____ by _____