

**Weslaco Independent School District**  
**Special Education Department**  
103 S. IOWA Weslaco, TX 78596  
Phone (956)969-6822 Fax (956) 969-6965

Attachment N

**Verification of Receipt of (check those that apply):**

- Instructional Modifications
- IEP
- BIP
- TAKS Information/District-Wide Assessment
- Behavioral and
- Medical Concerns

Teacher: \_\_\_\_\_

I acknowledge that I have received the above as designated by the ARD Committee on:

\_\_\_\_\_ for \_\_\_\_\_  
Date of ARD student

I understand that I will receive updated copies as this information changes.

I also acknowledge that:

1. The modifications were explained to me by \_\_\_\_\_.  
Special Education Teacher
2. I understand how to implement the modifications.
3. I can contact \_\_\_\_\_ at ext. \_\_\_\_\_ if I need further clarification.  
Educational Diagnostician

\_\_\_\_\_  
Signature of General Education Teacher

\_\_\_\_\_  
Date