

Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764
PHONE: 815-844-7115 • FAX: 815-842-3170 • TDD: 815-842-3170

PARENT/GUARDIAN NOTIFICATION OF CONFERENCE RECOMMENDATIONS

Date: _____ Student's Name: _____ Student's Date of Birth: _____

Dear _____,
(Parent's/Guardian's Name)

The purpose of this letter is to provide you with notification of the educational recommendation developed for your child at the conference held on _____ at _____.

At this conference it was determined that your child:

- ☐ Is eligible or continues to be eligible for special education and related services as listed in the IEP (Eligibility Determination: _____)
- ☐ Is not eligible for special education and related services.
- ☐ Requires a change in eligibility, as listed in the IEP conference summary report.
- ☐ Will receive the special education and related services as listed in the IEP.
- ☐ Requires a change of special education and/or related services/educational placement as indicated in the IEP.
- ☐ Requires a placement in an alternative education setting as documented in the IEP.
- ☐ Will be discontinued from special education and related services due to determination of ineligibility or reaching the age of 21.
- ☐ Is recommended for graduation.
- ☐ Will be assessed with the Illinois Alternate Assessment (IAA). The IAA is aligned with the Illinois Learning Standards (grade level academic content) and scored against alternate achievement standards.
- ☐ Other _____

CHECK ONE, WHEN APPLICABLE: I understand that as soon as possible following development of the IEP, but not more than ten (10) calendar days, special education and related services will be provided to my child in accordance with the IEP, and

- ☐ I agree to waive the requirement of a ten calendar day interval before an initial or change in placement occurs.
- ☐ I do not agree to waive the requirement of a ten calendar day interval before an initial or change in placement occurs.

(Date)

(Parent/Guardian Signature)

Please refer to your copy of the IEP conference summary report which contains the information used in making these recommendations. Please review the parental rights information the **Notice of Procedural Safeguards**. If you wish to discuss any concerns or have questions regarding your rights or this information, please contact:

Name: Dawn Conway Title: Director of Special Education - LCSSU Phone: 815-844-7115

Sincerely,

(Signature)

Name: _____

Title: _____