

# Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764  
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## PARENT/GUARDIAN NOTIFICATION OF INDIVIDUALIZED EDUCATION PROGRAM AMENDMENT

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

**\* Use this form to document that the parent and school district agreed to make changes to an IEP without reconvening the IEP meeting. This can not take the place of an annual review meeting. Use only for minor changes that do not change placement. Attach this form to the child's IEP.**

Dear \_\_\_\_\_:  
(Parent's/Guardian's Name)

On \_\_\_\_\_ you and \_\_\_\_\_  
(Date of Contact) (School District Personnel and Title)

☐ met in person ☐ spoke on the phone ☐ exchanged emails ☐ exchanged faxes

and agreed to make the following changes to your child's current IEP as indicated below:

### Changes and Explanation of Changes:

Enclosed is a copy of your child's current IEP along with the changes. The changes will begin on \_\_\_\_\_ and be implemented in your child's current placement.

If you disagree with the changes, want to request a meeting to discuss the changes above, or want to request a copy of **Notice of Procedural Safeguards**, please contact the person indicated below with any questions in regards to the above changes.

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

Sincerely,

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_