

**Livingston County Special Services Unit**

**920 W. Custer Avenue, Suite A**

**Pontiac, Illinois 61764**

**Phone: 815/844-7115 FAX: 815/842-3170**

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**Ten (10) DAY WAIVER FORM**

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I, \_\_\_\_\_, understand that I am entitled to at least ten (10) days'

(parent's name)

notice prior to the scheduling of any Eligibility (MDC) or Individualized Educational Planning (IEP)

meeting. In setting a mutual time with the school district, I agree to waive my right to the ten (10) day

notice and proceed with the meeting on \_\_\_\_\_, at \_\_\_\_\_

(date)

(time)

at \_\_\_\_\_ school.

(location)

Student's Name: \_\_\_\_\_

Parent's signature \_\_\_\_\_

Cc: Livingston County Special Services Unit

District School Special Education Office