

**WRITTEN AFFIRMATION OF CONSULTATION WITH
PRIVATE/PAROCHIAL PROVIDERS**

I hereby affirm that I was invited to and participated in the private/parochial school providers' consultation meeting sponsored by (SCHOOL DISTRICT) and held on (MONTH/DATE/YEAR), at (ADDRESS) in accordance with the requirements of the Individuals with Disabilities Education Improvement Act. During the course of the consultation, the following issues were discussed with me:

- (I) the child find process and how parentally placed private school children suspected of having a disability can participate equitably, including how parents, teachers and private school officials will be informed of the process;
- (II) the determination of the proportionate amount of Federal funds available to serve parentally placed private school children with disabilities under this paragraph, including the determination of how the amount was calculated;
- (III) the consultation process among the local educational agency, private school officials, and representatives of parents of parentally placed private school children with disabilities, including how such process will operate throughout the school year to ensure that parentally placed private school children with disabilities identified through the child find process can meaningfully participate in special education and related services;
- (IV) how, where, and by whom special education and related services will be provided for parentally placed private school children with disabilities, including a discussion of types of services, including direct services and alternate service delivery mechanisms, how such services will be apportioned if funds are insufficient to serve all children, and how and when these decisions will be made; and
- (V) how, if the local educational agency disagrees with the views of the private school officials on the provision of services or the types of services, whether provided directly or through a contract, the local educational agency shall provide to the private school officials a written explanation of the reasons why the local educational agency chose not to provide services directly or through a contract.

I was provided the opportunity to express my views and to ask questions of the school district pertaining to the aforementioned issues.

I was further informed that if I believe that the consultation was not meaningful, or that my views and those of others were not given due consideration by the school district, I could file a complaint with the Illinois State Board of Education, Department of Special Education, 100 N. 1st Street, Springfield, IL 62777. I understand that my complaint must identify the area(s) in which I believe the school district did not comply with the consultation process.

PRINTED NAME

SIGNATURE

PRIVATE SCHOOL

AFFILIATION WITH SCHOOL

DATE