

**LaSalle/Putnam County Educational Alliance for Special Education**

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**Parent/Guardian Notification of Conference Recommendations**

**Date:** \_\_\_\_\_ **Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Dear \_\_\_\_\_

The purpose of this letter is to provide you with notification of the educational recommendations developed for your child at the conference held on \_\_\_\_\_ at \_\_\_\_\_

At this conference it was determined that your child: *(Check all that apply to conference recommendations.)*

- Is eligible or continues to be eligible for special education and related services as listed on the IEP. Eligibility Determination:
- Is not eligible for special education and related services.
- Requires a change in eligibility, as listed on the conference summary report.
- Will receive the special education and related services as listed on the IEP
- Requires a change of special education and/or related services/educational placement as listed on 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 *(specify)* \_\_\_\_\_

**CHECK ONE:**

- I agree to waive the requirement of a ten calendar day interval before placement occurs.
- I do not agree to waive the requirement of a ten calendar day interval before placement occurs.

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

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

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