

LaSalle/Putnam County Educational Alliance for Special Education

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Parent/Guardian Notification of Individualized Education Program Amendment

Date: _____ **Name of Student:** _____ **Date of Birth:** _____

***Use only for minor changes that do not change placement and attach to the child's IEP**

Dear

On _____ you and

met in person spoke on the phone exchanged e-mails 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 IEP along with 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 above changes, or want to request a copy of **Explanation of Procedural Safeguards**, please contact the person indicated below with any questions in regards to the above changes.

Name: _____ **Title:** _____ **Phone:** _____

Sincerely,

(Signature)

Name : _____

Title: _____