

LaSalle/Putnam County Educational Alliance for Special Education

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Ottawa IL 61350

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I agree to waive my right to written notice at least 10 days prior to the event before the school district initiates or changes (or refuses to initiate or change) the identification, case study evaluation, reevaluation, or educational placement of my child.

Reason:

Child's Name: _____

Parent Signature(s): _____

Date: _____

cc: **Parent(s)**
Student's Temporary Record