
Eastern Illinois Area of Special Education

5837 Park Drive, Suite 1

Charleston, IL 61920

Phone: (217) 348-7700 - FAX: (217) 348-7704

Parent/Guardian Notification of Individualized Education Program Amendment

***Use only for minor changes that do not change placement. Attach this form to the child's IEP.**

NAME OF CHILD

DATE OF BIRTH

DATE

Dear

On _____ you and _____
(Date of Contact) *(School District Personnel and Title)*

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 current IEP along with the 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 and Title