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## Eastern Illinois Area of Special Education

5837 Park Drive, Suite 1

Charleston, IL 61920

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

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### 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.**

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NAME OF CHILD	DATE OF BIRTH	DATE
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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

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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.

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<i>Name</i>	<i>Title</i>	<i>Phone</i>
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Sincerely,

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*Signature*

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*Name and Title*