
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 Conference Recommendations

NAME OF CHILD	DATE OF BIRTH	DATE
---------------	---------------	------

Dear _____

The purpose of this letter is to provide you with notification of the educational recommendation developed for your child at the conference held on _____ at _____
Month/Day/Year

Building, Room and Address

At this conference it was determined that your child:

- Is eligible or continues to be eligible for special education and related services as listed in the IEP.
(Eligibility Determination: _____)
- Is not eligible for special education and related services.
- Requires a change in eligibility, as listed in the IEP conference summary report.
- Will receive the special education and related services as listed in the IEP.
- Requires a change of special education and/or related services/educational placement as indicated in the IEP.
- Requires a placement in an alternative educational setting as documented in the IEP.
- Will be discontinued from special education and related services due to determination of ineligibility or reaching the age of 22.
- 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 _____

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.

(Date)

(Parent/Guardian Signature)

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

Name

Title

Phone

Sincerely,

Signature