

DATE SENT/DELIVERED:  
\_\_\_\_\_

AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT

DATE RECEIVED FROM  
PARENT:  
\_\_\_\_\_

AMARILLO, TEXAS  
NOTICE OF PROPOSED CHANGE/ AGREEMENT TO CHANGE

DATE CHANGE EFFECTIVE:  
\_\_\_\_\_

**SECOND REQUEST FOR PARENT AGREEMENT**

TO \_\_\_\_\_

STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_

We sent a request on \_\_\_\_\_ asking for your agreement to make a change in your child's educational program. Since we have not received the signed request agreeing to the change, we are sending this second request in another attempt to get your agreement to the change we would like to make. Remember, this change will not affect your child's eligibility for special education services nor is it a major change in his/her program. If we do not receive this signed 2nd request within 5 school days, we will go ahead and make the proposed change.

Change proposed:

Reason for change:

\_\_\_\_\_  
Administrator signature

\_\_\_\_\_  
Date

What should you do?

if you understand the change we are asking to make and give us permission, you should check "YES" on each of the statements below, sign and date this Request for Agreement and return it to your child's school. We will make that change without having an ARD committee meeting and will send a written confirmation to you.

YES      NO

      I understand the change you want to make in my child's educational program.

      I give my permission for the change to be made without having a meeting.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you have questions you would like to ask before deciding about this change, questions about this Notice of Proposed Change, or if you would like a copy of the Notice of Procedural Safeguards (which explains the rights of the parent of a child with a disability), please call:

\_\_\_\_\_  
PERSON

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
PHONE