



RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE
807 N. Mattis Ave, Champaign, IL 61821
217-892-8877 FAX: 217-893-8627

Jennifer Armstrong, Executive Director

Date: _____

☐

I give permission

☐

I do NOT give permission

for _____ from _____ to come
(observer name) (company/program)

observe my child _____ at _____ on _____.
(child's name) (school name) (date)

This will allow the district to gather more information on your student in order to provide an education which best meets the needs of your student.

The classroom team will follow-up with parents regarding any suggestions/concerns that were provided by the observer. This will allow for better communication and understanding of the educational plan that is designed for the student.

Sincerely,

Parent signature

Date