

**ILLINOIS STATE BOARD OF EDUCATION**

Special Education Division  
100 North First Street, P.O. Box 118  
Springfield, IL 62777-0001

**Written Assurance of Provision of Policies & Procedures  
in Accordance with IDEA 2004**

SCHOOL DISTRICT NAME AND NUMBER/SPECIAL EDUCATION COOPERATIVE	PRIMARY CONTACT FOR DISTRICT/COOPERATIVE
SUPERINTENDENT OR COOPERATIVE DIRECTOR	CONTACT TELEPHONE (Include Area Code)
ADDRESS (STREET, CITY, STATE, ZIP CODE)	CONTACT FAX (Include Area Code)
	CONTACT E-MAIL
MEMBER DISTRICTS WITHIN COOPERATIVE (Cooperatives Only)	

**CERTIFYING STATEMENT:**

In accordance with requirements of the Individuals With Disabilities Education Act of 2004 ("IDEA 2004") as set forth at 20 USC Sec. 1413(a) and 34 CFR Sec. 300.201, I hereby certify that policies and procedures meeting the requirements of 34 CFR Secs. 300.101 through 300.163 and 300.165 through 300.174 were ratified and adopted by the School Board on behalf of this entity. I hereby further certify that said policies and procedures are available for inspection and review at the request of the public and the Illinois State Board of Education.

Date Policies & Procedures were adopted by the Board:

Effective Date of Policies & Procedures:

\_\_\_\_\_  
Signature of Superintendent or Cooperative Director

\_\_\_\_\_  
Date

**TO BE COMPLETED ONLY IF THE FOREGOING CERTIFICATION HAS BEEN MADE BY A SPECIAL EDUCATION COOPERATIVE:**

By their adoption by the Board of the special education cooperative, the following school districts have endorsed and adopted the current written policies and procedures:

(List all districts within the cooperative bound by the adoption of said policies & procedures.)

\_\_\_\_\_  
Signature of Cooperative Director

\_\_\_\_\_  
Date