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| **Revocation of Special Education Services by Parent** |
| Student Name: | Date of Birth: | Date: |
| I, as parent or guardian of the above named student, do not give my consent for the provision of special education services for my student. I have been fully informed of all evaluative information relevant to my student’s educational needs. I understand that my consent is voluntary and I choose at this time to revoke consent effective immediately.I understand that by revoking services I may not hold the local education agency responsible for providing a Free and Appropriate Public Education (FAPE) for my student and that the local education agency shall not be required to make protections and procedures guaranteed under the Individuals with Disabilities Education Act (IDEA) to include any requirement to convene Individual Education Program (IEP) meetings about my student. |
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| The district is required to provide a Written Notice to document the refusal of consent for services. |
|  ⃝  | The *Notice of Procedural Safeguards* was provided. |