



Student:	Student UID#	DOB:
School:	Grade:	Age:

CONSENT FOR SERVICES

I agree to provide consent for my child to receive special education and related services.
The special education and related services will be provided through a/an:

- Individualized Education Program (IEP) Private School Service Plan

I understand:

- My consent for the provision of special education and related services may be revoked (in writing) at any time.

I do not agree to provide consent for my child to receive special education and related services.

I understand:

- The local education agency (LEA) is not required to make a free appropriate public education (FAPE) available to my child as required by the Individuals with Disabilities Education Act (IDEA).
- The LEA is not required to convene an IEP Team meeting or develop an IEP.
- If, at any time after this decision, I suspect my child has a disability and is in need of special education and related services, a written request for a formal evaluation must be made to the principal of the school, the teacher or other school professional, or the Superintendent or other appointed official of the LEA.

I am revoking consent for my child to receive special education and related services.

I understand:

- The local education agency (LEA) may not continue to provide special education and related services.
- My child will not be provided procedural safeguards outlined in the IDEA.
- The LEA is not required to make a free appropriate public education (FAPE) available to my child as required by the Individuals with Disabilities Education Act (IDEA).
- The LEA is not required to convene an IEP Team meeting or develop an IEP.
- If, at any time after this decision, I suspect my child has a disability and is in need of special education and related services, a written request for a formal evaluation must be made to the principal of the school, the teacher or other school professional, or the Superintendent or other appointed official of the LEA.

Signature: _____ Date: ____/____/____

Please return to:

EC Case Manager: _____ School: _____

Email: _____ Phone: _____

Copy given/sent on: ____/____/____