

[NAME OF SCHOOL DISTRICT]

PARENTAL REVOCATION OF CONSENT FOR SPECIAL EDUCATION AND RELATED SERVICES

STUDENT:
DOB:
ADDRESS:
PARENT/GUARDIAN:

DATE:

I understand that my child is currently receiving special education and related services. I am advising the school district in writing that I wish to revoke my consent for special education and related services for my child.

I understand that the school district will not terminate special education and related services until after prior written notice is provided to me by the school district regarding the termination of special education and related services.

I understand that the discontinuation of special education and related services must occur in a timely manner from the date of written revocation of consent provided by me.

I understand that I may provide consent for special education and related services in the future if my child does qualify for services, which would require the school district to provide a Free Appropriate Public Education (FAPE) to my child. I understand that if I wish to have my child receive special education and related services in the future, I must request in writing an assessment of my child to determine if my child is eligible for special education and related services.

I further understand that by revoking consent for special education and related services to be provided to my child, the school district may discipline my child in the same manner as a nondisabled child.

Parent Name

Parent Signature

Date