

Student
Name: _____ Date: _____

School: _____ Grade: _____ DOB: _____

I hereby revoke consent for the provision of all special education and related services to my child. This request is based solely in my unilateral authority as a parent to revoke consent for special education services to my child. I understand that withdrawing consent for special education means:

1. The district will stop providing all special education services to my child, including: specialized instruction, related services, adaptations, modifications, special transportation and anything else provided in my child's Individual Education Program (IEP) plan;
2. My child will be treated as a non-disabled student and as not suspected as having a disability, and will be subject to all of the same requirements that apply to general education students, including: academic requirements, statewide and district wide assessments, extracurricular activities, graduation requirements, discipline and all other general education requirements;
3. My parental rights under special education will end;
4. The District will no longer be required to conduct reevaluations, convene IEP team meetings, or develop an IEP for my child;
5. The District will not be considered in violation of the requirement to provide a free, appropriate public education (FAPE) to my child;
6. The District is not required to amend my child's education records to remove references to my child's receipt of special education and related services;
7. If I want my child to again receive special education once services have been terminated, I must request an initial evaluation to determine my child's eligibility and need for special education; and
8. The District must provide me written notice prior to discontinuing special education services to my child.

By my signature below, I withdraw consent for special education and related services.

Signature: parent or adult student_____
Date

Date received by district:
