

Print on District Letterhead

REVOCATION OF SPECIAL EDUCATION CONSENT

Parent: If you wish to exit your child from special education, please complete this form and submit it to the District Office.

Date: _____

District or County Office

Address

City, State, Zip

Re: _____
Student's Name Birthdate

I am the parent or legal guardian of [Student's name] _____ ("Student"), who is currently enrolled at [School name] _____, and is eligible to receive special education services and supports.

I revoke my consent to the provision of special education services and supports to Student. I no longer wish for Student to receive any special education services or supports, but rather want Student to be considered to be a general education student.

I understand that, by revoking my consent to the provision of special education, certain rights and services will no longer apply to Student. I understand that, among other things:

- Student will no longer be entitled to a free appropriate public education ("FAPE") as defined in special education law. FAPE includes all substantive and procedural special education rights, including, among other things, placement in special education classrooms; receipt of services such as speech and language or occupational therapy; assessments every three years; and development of IEPs. However, Student will remain entitled to a free public education in the same manner as students who are not eligible for special education.

- In the event of conduct that leads to disciplinary action, Student will be disciplined in accordance with the rules that apply to regular education students, not the rules for special education students. Disciplinary procedures that apply to special education students, such as manifestation determinations, will not be available to Student.
- Student's school district and county office of education cannot legally be found to be in violation of the requirement to make FAPE available to Student during any time in which I have revoked consent for Student to receive special education services.

I understand that I may at any time change my mind and request that Student be returned to special education. If I do so, Student's district of residence will conduct appropriate assessments and convene an IEP team meeting to determine whether Student still qualifies for special education, and, if so, to develop an appropriate program and placement.

Sincerely,

Signature

Print Name

Address

City, State, Zip

Telephone