NOTICE AND CONSENT FOR THE PROVISION OF SPECIAL EDUCATION SERVICES

The LEA/agency requests your consent to provide special education services for:

STUDENT’S NAME: ____________________________

Basis for decision: ________________________________________________

Description of other options considered and why the options were rejected: ________________________________________________

The following evaluation procedures, assessments, records, and/or reports were used in making the decision:

[ ] Vision  [ ] Observation  [ ] Developmental Scales  [ ] Other Agency Information
[ ] Hearing  [ ] Speech/Language  [ ] Work Samples  [ ] State Assessments
[ ] Intellectual  [ ] Motor  [ ] Discipline Records  [ ] Other
[ ] Achievement  [ ] Interview  [ ] Attendance Reports  [ ] Other
[ ] Behavior  [ ] Grades  [ ] Medical Records  [ ] Other

The LEA/agency must obtain your consent prior to providing any special education services to your child. If you refuse consent for the provision of services or fail to respond to a request to give consent, the LEA/agency shall not be in violation of the requirement to make a free appropriate public education available to your child.

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

[ ] I GIVE PERMISSION for the school system to provide special education services

[ ] I DO NOT GIVE PERMISSION for the school system to provide special education services. Please explain.

__________________________________________
Signature of Parent or Student (Age 19) 

__________________________________________
Date of Signature

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Special Education Rights document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Name: ____________________________ at ________________ Telephone: ____________________________

Address

__________________________________________
Please return this form to:

__________________________________________

Signature of Education Agency Official

Date Provided/Sent ____________________________

Results of 1st Attempt: ____________________________

2nd Attempt Date ________________ Action ____________________________

Results of 2nd Attempt: ____________________________