

NOTICE OF REVOCATION OF CONSENT FOR CONTINUED PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES

Dear Parent:

It is our understanding that you no longer want your child, _____, to receive special education and related services.

By revoking consent for the continued provision of special education and related services, you must understand that the public agency:

1. May not continue to provide special education and related services to the child, but must provide prior written notice before ceasing the provision of special education and related services.
2. May not use the Mediation or Due Process procedures in order to obtain agreement or a ruling that the services may be provided to the child.
3. Will not be considered to be in violation of the requirement to make free appropriate public education available to the child because of the failure to provide the child with further special education and related services.
4. Is not required to convene an Individualized Education Program (IEP) Team meeting or develop an IEP for the child for further provision of special education and related services.
5. Will no longer provide services to your child as of the date the public agency provides written notice.
6. Is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.

If you have questions regarding this decision, your rights, or wish to schedule a conference, please contact:

Name: _____

Telephone: _____

Please return this form to: _____

Address: _____

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)

(Telephone)

- Yes, I want to revoke my consent for the continued provision of special education services.
- No, after understanding the provisions above, I do not want to revoke my consent. I want my child to continue to receive special education and related services.

Signature of Parent

Date

Date Notice Received by Public Agency _____