

REVOCATION FOR CONSENT FOR SPECIAL EDUCATION SERVICES

The purpose of this notice is to provide the parent/adult student with information to make an informed decision when considering the written withdrawal of consent for special education services and provide information regarding the implications of this decision. The school considered the continuation of special education services but rejected that option because the parent/adult student revoked consent for special education.

There are many rights and protections offered to special education students that are not available to students in regular education. Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a student with a disability. Eligibility for special education is determined on the basis of evaluations which assess the need for specialized instruction designed to benefit in a public school setting. [A copy of the Procedural Safeguards for Children with Disabilities and their Parents under the Individuals with Disabilities Education Act 2004 can be obtained in the school districts central office or from the Department of Special Education/Federal Programs.]

I understand that in withdrawing my consent for myself/my student to continue to receive special education carries with it the following implications listed below: **(Place your initials next to each statement to acknowledge that you understand the content of this Notice).**

_____ I/My student will be dismissed from special education and will no longer receive any special education or related services.

_____ I/My student will no longer be considered to have a disability under the Individuals with Disabilities Education Act (IDEA) and will only receive services from regular education.

_____ I understand that I/my student may be ineligible for accommodations under a Section 504 Plan.

_____ I/My student will be educated in all regular education classes and will not have the benefit of special education accommodations, modifications, specialized instruction, or related services. All instruction will be provided on grade level and I/my student will be held to the same accountability standards as any other non-disabled student.

_____ I/My student's educational progress will meet the same standards applicable to regular education students. This will include, but is not limited to any federal, state, or District tests, assessments, and criteria for regular education students.

_____ I understand that I/my student must meet grade promotion standards.

_____ I/My student will be required to meet all graduation requirements in order to receive a high school diploma

_____ I/My student will be expected to follow all school policies concerning student conduct, and will be subject to the same expectations and discipline consequences of regular education students. If, after dismissal from special education, the District proposes to discipline me/my student in a manner that involves removal to a disciplinary alternative education program or suspension and I decide to seek an evaluation to determine eligibility for special education, the District will be deemed to have no knowledge of my/my student's suspected disability and may implement the discipline pending a new evaluation to determine eligibility.

_____ I/My student have/has already received special education and related services; the District is not required to amend my/my student's education records to remove any references to the receipt of special education and related services because of the revocation of consent.

_____ I understand that the provision of any instructional and related services not completed as stated in any previous Individualized Education Program (IEP) report shall cease on the date of the signature of this document and will not be provided by the District. This includes any compensatory services, request for Independent Education Evaluations (IEE), any services agreed to as part of any resolution session agreements or settlement agreements, and any services ordered by an impartial hearing officer as a result of any due process hearing that may have been filed.

_____ I understand that any future consideration for services in special education will require initiation of the referral process and evaluation of my/my student's current performance levels.

_____ I understand that my revocation of parental consent releases the District from liability for providing a Free Appropriate Public Education (FAPE) under IDEA to myself/my student from the time I revoke consent for special education and related services until the time, if any, that I/my student am/is evaluated and deemed eligible, once again, for special education and related services.

If you have questions regarding this Notice or need to obtain assistance in understanding special education issues, you may contact the School District, Department of Special Education/Federal Programs.

Your signature below indicates that you understand the contents of this Prior Written Notice: Revocation of Consent for Commerce School District Special Education Services and that you understand the statements above and are withdrawing your consent for the provision of special education and related services. Additionally, you fully understand the consequence of your withdrawal of consent and are in agreement with the termination of special education services effective as of the date that you sign this document.

Dated this _____ day of _____, 20____.

Parent (or Student if Student is 18)

File this form in student's confidential IEP folder. Send a copy to the District Special Education Department. Document in the IEP folder that parents or adult student has received a copy.

**REFERENCE: Individuals With Disabilities Education Act, 20 USC §1400, et seq.
34 CFR §300.503, 300.9 & 300.300**