REVOCATION OF PARENTAL CONSENT FOR SPECIAL EDUCATION PROGRAMS AND SERVICES

STUDENT INFORMATION

UIC Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **Date:** _____

Student Name: _____ _____ _____
Last **First** **Middle**

Birth Date: _____/_____/_____ Grade: _____

Resident District: _____ Attending School: _____

I hereby revoke (take back) my consent for the provision of special education programs and services for my child.

- I understand that the school district will promptly provide me with a prior written notice that establishes a specific date when my child's special education programs and services will stop. The prior written notice will explain the changes in my child's placement and programs and services and meet the requirements at §300.503 of the federal Individuals with Disabilities Education Act (IDEA) regulations.
- I understand that once I revoke consent for my child's special education programs and services:
  - My parental rights in special education will end;
  - My child will no longer receive the discipline protections available under the IDEA;
  - The school district is not required to make a free appropriate public education available to my child;
  - The school district is not required to have an Individualized Education Program (IEP) Team meeting or develop an IEP for my child.
- I understand that after I revoke consent for my child, I may subsequently refer my child for special education and request an initial evaluation to determine if my child is a child with a disability who needs special education programs or services.

_____ _____
Parent/Guardian/Student Signature Date