
SCHOOL DISTRICT**Revocation of Consent for the
Provision of Special Education
Programs and Related Services****Name of Child/Student:****Birthdate:**

WRITTEN REVOCATION OF CONSENT

If I revoke (take back) my consent for the provision of special education programs and services for my child/myself, I understand that the _____ school district:

- 1.) will, within a reasonable time, provide me with a prior written notice that establishes a specific date when my child's/my special education programs and services will stop. The prior written notice will explain the changes in my child's placement, programs and services and meet the requirements at §300.503 of the federal Individuals with Disabilities Education Act (IDEA) regulations.
- 2.) is not required to make a free appropriate public education available to my child;
- 3.) is not required to have an individualized education program (IEP) team meeting or develop an IEP for my child; and
- 4.) is not required to amend my child's records to remove any references to my child's receipt of special education programs and services.

Additionally, I understand that once I revoke (take back) my consent for my child's/my special education programs and services:

- 1.) my child/I will be treated as a general education student;
- 2.) my parental rights/my rights in special education will end; and
- 3.) my child/I will no longer receive the discipline protections available under the IDEA.

I hereby REVOKE my consent for my child/myself to continue to receive all special education and related services. I understand that after I revoke my consent for my child/myself, I may subsequently refer my child/myself for special education and request an initial evaluation to determine if my child is/I am a child with a disability who needs special education programs and/or services.

Parent/Guardian or Student Signature:**Date of Signature:**

Cessation of special education and related services will occur ONLY after:

- 1) this form has been completed and signed; and
- 2) Prior Written Notice has been provided to the parent/guardian/student.

- For School Use Only -

Signature of School Official:**Date Prior Written Notice Sent:****Date Revocation of Consent Received:****Date of Cessation of SE/RS:**
