Dear Parent,

The Special Education Eligibility Team has recommended that your child, ___________________, participate in a special education and related services program. An Individualized Educational Program (IEP) will be developed to meet his/her individual educational needs annually.

I understand that those services may change over time, as the needs of my child change. However, I will only be required to sign this consent form at the time services are initially offered. Additionally, if my child moves to a new school district, I may be asked again for written permission for provision of services.

[ ] Yes, I do agree with the recommendation for my child to receive special education and related services.
[ ] No, I do not agree with the recommendation for my child to receive special education and related services

______________________________
Parent Name

______________________________
Parent Signature

______________________________
Signature of School Personnel receiving this form

______________________________
Date

______________________________
Date

A copy of parental rights will be provided upon request.