

## Consent for Special Education Services

Student Name:

Birthday:

Date:

I, as parent or guardian of the above named student, give my consent for the provision of special education services for my student. I have been fully informed of all evaluative information relevant to my student's educational needs. I understand that the granting of consent is voluntary and may be revoked at any time even after services have been provided.

I have been fully informed of all evaluative information relevant to my student's educational needs. I understand that if I refuse services I may not hold the local education agency responsible for providing a Free and Appropriate Public Education (FAPE) for my student and that the local education agency shall not be required to make available a FAPE and shall not be required to convene IEP meetings about my student.

I CONSENT

I DO NOT CONSENT

\_\_\_\_\_  
Parent Signature (guardian or surrogate)

The district is required to provide a Written Notice to document the refusal of consent for services.

**The *Notice of Procedural Safeguards* was provided/ offered.**