

# Form 6 - Consent for Initial Provision of Special Education Services



School District: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_:

**In order for the initial special education and related services to begin, please review, check one of the statements below, sign, and return this form to the school. (Use this Form for children and students ages 3-21 and use Form 6b for only those children transitioning from Part C, ages 0-3 years of age, to Part B services.)**

- I **give** my consent for all initial services in the IEP to begin. Should you change your mind *prior* to the start of these initial IEP services, you must notify your school contact (shown below) so that services will not commence. If you wish to revoke your consent *after* the initial IEP services have begun, revocation of consent shall be in writing, on Form 6a provided by the LEA or in any other written form, and should indicate the date of revocation.
- I **do not** give my consent for any of the initial IEP services to begin. I understand should my child be involved in a major disciplinary situation my child would not receive the special education protections available only to students with a disability or suspected of having a disability. (Please be aware that if you refuse all IEP services, the school may attempt to resolve the matter through an informal meeting with you, or by requesting mediation, a re-evaluation, or a review of existing data to determine if your child is not eligible for IEP services.)
- I **do not** give my consent to the initial IEP services to begin. However, due to the current home-schooling status, or our decision to place our child in an independent school, we may be seeking some initial special education services through a service plan with the school district or supervisory union. We understand the district or supervisory union is not required to provide such special education services and that any or all services may be limited to the amount of federal monies currently available to serve this population of students.

\_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian/Surrogate/Adult

Printed Name: \_\_\_\_\_

If you have any questions regarding this consent form, please contact me:

by calling \_\_\_\_\_

or write me at the following address: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Printed Name/Position: \_\_\_\_\_

Date Received in District: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclosures: Individualized Education Program