

Form #6a - Revocation of Consent for Provision of Special Education Services

School District: _____ Case Manager: _____

Student's Name: _____ Student #: _____

Date of Birth: _____ Date Sent: _____

- I hereby revoke my consent for the provision of special education and related services.
- I understand that once I revoke consent for my child to receive special education and related services, my child is considered a general education student and my parental rights in special education will end.
- I understand that 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.
- I understand that after I revoke consent for my child, the school district is not required to amend my child's records to remove any references to my child's receipt of special education and related services.
- I understand that after revoking consent for my child, I maintain the right to subsequently request an initial evaluation to determine if my child is a child with a disability who needs special education and related services.

Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

This is to provide you with written notice that the school district has received your revocation of consent for special education and related services for your child. In response, the school district will take the following action(s):

- Your child's educational placement will be changed to: _____
- The district will have no authority to provide, and will not provide, special education and related services to your child.

Contact Information:

If you have questions about this document or would like additional information, please contact:
the [Special Education Monitoring Team](#).

Effective Date of Action(s): _____

The following is an explanation of the action(s) listed above (include any evaluation procedures, tests, reports, other factors and other options considered and not implemented that are relevant to the actions): _____

Procedural Safeguards To Protect Parent Rights

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the actions or decisions the school district intends to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully. If you have any questions regarding your rights, please contact the school representative listed below or any of the available resources listed in section 8 of the Parents Rights document.

Sincerely,

Printed Name: _____

Position: _____

Phone: _____

Email: _____

Postal Address: _____

Enclosures: Procedural Safeguards

Purpose: This form is used to document written revocation of consent from parents for the provision of special education and related services. The top section of the form requires the signature of a parent, the date the parent signed the form, and the date the form was received by the school district.

The second section is completed upon receipt by the district of the signed revocation of consent and a copy is sent to the parent. This section informs the parents, in writing, of any change in placement as a result of the revocation and the specific date that special education services will no longer be provided to their child.

The third section reminds parents of their rights and offers them an opportunity to obtain a copy of their parental rights should they not already have one available to them. It also provides a place for the district representative to sign and give the parent a contact number by which to request a new parental rights booklet, if necessary.