Enter District Name Here

**Consent for Special Education and Related Services**

1

|  |  |
| --- | --- |
| Student’s Full Name: | Date: |
| Date of Birth: | SSID: |

2

I give consent for my child/student to receive

(Typed Parent or Guardian Name)

special education and related services. I have received a copy of the Conference Summary Report informing me in writing of the reasons for this action. I understand that my consent is voluntary and that I may revoke consent at any time. Should I revoke consent it is not retroactive. I have been informed in my native language or other mode of communication as explained in the procedural safeguards notice that I have received. The special education and related services will be provided as described in the Individual Educational Program (IEP). I understand that the IEP will be reviewed periodically but no less than annually.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency as described in the sending district’s policies and procedures.

3

Signature:

4

3

3

Date:

3

**Consent for Special Education and Related Services**

This form is used to obtain informed consent from parents(s), guardian(s), or other legally specified student representatives to provide special education and related services to the student.

1

Write the student’s name; the current date (mm/dd/yy); the student’s date of birth; and the student’s identification number, if applicable.

2

Type the name of the parent/guardian/student into the box.

3

Secure the parent’s or student’s signature.

4

Enter the date on the form on which it was signed by the parent or student.