

NOTICE AND CONSENT FOR THE PROVISION OF SPECIAL EDUCATION SERVICES

The LEA/agency requests your consent to provide special education services for:

STUDENT'S NAME: _____

Basis for decision: _____

Description of other options considered and why the options were rejected: _____

The following evaluation procedures, assessments, records, and/or reports were used in making the decision:

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Observation | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Work Samples | <input type="checkbox"/> State Assessments |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Motor | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Interview | <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Grades | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other _____ |

The LEA/agency must obtain your consent prior to providing any special education services to your child. If you refuse consent for the provision of services or fail to respond to a request to give consent, the LEA/agency shall not be in violation of the requirement to make a free appropriate public education available to your child.

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- I **GIVE PERMISSION** for the school system to provide special education services
- I **DO NOT GIVE PERMISSION** for the school system to provide special education services. Please explain.

Signature of Parent or Student (Age 19)

Date of Signature

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

Name: _____ at Telephone: _____

Please return this form to: _____
Address _____

Signature of Education Agency Official _____

Date Provided/Sent _____

Results of 1st Attempt: _____

2nd Attempt Date _____ Action _____

Results of 2nd Attempt: _____