

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

School District: Agency Supervisory UnionCase Manager: Eliza McDonaldStudent's Name: Wesley SchillingStudent #: 234567Date of Birth: 02/13/2010Date Sent: 12/5/2023

Dear Lisa and Joe,

In order for the initial special education and related services to begin, please review and check one of the statements below, then 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 Initial Education Plan (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 Local Education Agency (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 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. 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 for 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

Contact Information:

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

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: 12/5/2023

Signature of parent/guardian/surrogate/adult: Lisa and Joe Schilling

Printed name: Lisa and Joe Schilling

If you have any questions or would like to discuss this further, please contact me at:

Phone: 802-355-2308

Email: Stacy Beach

Postal address: Agency Middle School

Sincerely,

Signature: Stacy Beach

Printed name: Stacy Beach

Position: Special Education Coordinator

Date received in district: 12/5/2023

Enclosures: IEP