

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

School District: _____ Case Manager: _____

Student's Name: _____ Student #: _____

Date of Birth: _____ Date Sent: _____

Dear _____,

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 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.

Contact Information:

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

Date: ____/____/____

Signature of parent/guardian/surrogate/adult: _____

Printed name: _____

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

Phone: _____

Email: _____

Postal address: _____

Sincerely,

Signature: _____

Printed name: _____

Position: _____

Date received in district: ____/____/____

Enclosures: IEP