

Notice of Discontinuance of Special Education Services Due to Written Withdrawal of Consent

34 CFR §300.503, 300.9 & 300.300

Student's Name _____ STN# _____ Attending School _____

Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability. Eligibility for special education is determined on the basis of evaluations determining the need for specialized instruction in order for the student to benefit in a public school setting. Along with the instruction, there are many rights and protections offered to special education students that are not available to students in general education. The purpose of this notice is to provide the parent/adult student with information to allow them to make an informed decision regarding their decision to withdraw consent for the continued provision of special education services to their child and to inform them of the implications of the decision to withdraw consent.

I understand that in withdrawing my consent for my child/myself to continue to receive special education carries with it the following implications (initial all statements and sign the final signature line to complete revocation):

_____ I/My child will be dismissed from special education, will no longer receive any special education or related services and will no longer be considered to have a disability.

_____ I/My child will be educated in all general education classes and will not have the benefit of special education modifications, accommodations, specialized instruction or related services. All instruction will be provided on grade level and my child will be held to the same standards of accountability as any other non-disabled student. This includes the promotion/retention standards applicable to general education students, including the achievement of a passing score on the ISTEP+ and retention if he/she does not meet promotion standards.

_____ I/My child will be required to meet all graduation requirements, including the achievement of a passing score on the GQE or CORE 40 End of Course Assessments. If my child cannot achieve a passing score on these exit level assessments, my child may not be able to graduate and receive a diploma through general education.

_____ I/My child will be expected to follow the Code of Student Conduct and will be subject to the same expectations and regular discipline consequences of non-disabled students. If, after dismissal from special education, the school proposes to discipline my child in a manner that involves removal to a disciplinary alternative education program or expulsion and I decide to seek an evaluation to determine eligibility for special education, the school will be deemed to have no knowledge of my child's suspected disability and may implement the discipline pending a new evaluation to re-determine eligibility.

_____ If I/my child has already received special education and related services, the school district is not required to amend my child's education records to remove any references to the receipt of special education and related services because of the revocation of consent.

_____ I understand that the provision of any instructional and related services not completed as stated in any previous IEP shall cease on the date of the signature of this form and will not be provided by the school district.

_____ I understand that my revocation of parental consent releases the school district from liability for providing a Free and Appropriate Public Education to myself/my child from the time I revoke consent for special education and related services until the time, if any, that I/ my child is reevaluated and deemed eligible, and I provide consent at that time for placement and for the provision of special education and related services.

If you have questions regarding this Notice, you may contact the Director of Special Services, Karen Niemeier at 317-745-7487.

Your signature below indicates that you understand the contents of this Notice of Refusal of Services and that you understand all the statements above and you are withdrawing your consent for the provision of special education and related services. Additionally, you fully understand the consequences of your withdrawal of consent and have requested the termination of special education services effective on the date you sign this agreement.

Parent/Adult Student Signature Witness Signature Date