

STATE SELPA IEP TEMPLATE
SIGNATURE AND PARENT CONSENT

CHAPTER 16
Page ____ of ____

Name _____

Date ____/____/____

IEP Meeting Participants

_____ Parent/Guardian	____/____/____ Date	_____ Parent/Guardian	____/____/____ Date
_____ Student	____/____/____ Date	_____ General Education Teacher	____/____/____ Date
_____ LEA Representative/ Admin. Designee	____/____/____ Date	_____ Special Education Specialist	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date

CONSENT

- ___ I agree to all parts of the IEP
___ I agree with the IEP, with the exception of _____
___ I decline the offer of initiation of special education services.
___ I understand that my child is not eligible for special education.
___ I understand that my child is no longer eligible for special education.

As a means of improving services and results for your child did the school facilitate parent involvement? Yes No
No Response

Signature below is to authorize and approve the IEP:

Signature: _____ Date ____/____/____

- Parent Guardian Surrogate Adult student

Signature: _____ Date ____/____/____

- Parent Guardian Surrogate Adult student

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the district to access Medi-Cal: health insurance benefits for applicable services. _____

Parent /Guardian Signature

- Parent has received a copy of the Procedural Safeguards Parent has received a copy of assessment report (if applicable)
 Parent has received a copy of the Individualized Education Plan (IEP)
 Student enrolled in a private school by their parents. Refer to Individual Service Plan, if appropriate.