

Hospital #: _____

**PARENT NOTICE: CONSENT FOR PROVISION OF INITIAL PROVISION OF SPECIAL
EDUCATION AND RELATED SERVICES – SE 9A**

Date: _____

Name of Child: _____ **DOB:** _____ **Grade:** _____

School: _____ **Address:** _____

Parent's Name: _____ **Parent's Name:** _____

Dear Parent:

Your child has been evaluated and determined eligible to receive special education and related services as described in your child's Individualized Education Program (IEP).

The IEP Team has identified the following needs for your child:

In order to meet your child's needs, an IEP has been developed that identifies the special education and related services to meet those needs.

In order for the initial special education and related services to begin, please review, check one of the statements below, sign, and return this form to the school.

- ☐ I **give** my consent for all initial services in the IEP to begin. (Should you change your mind **prior** to the start of these initial IEP services, they will not commence. If you wish to revoke your consent **after** the initial IEP services have started, then you must do so in writing before the special education program and services will terminate.
- ☐ I **do not** give my consent for any of the initial IEP services to begin. I understand 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.

Date:

Signature of Parent/Guardian/Surrogate/Adult Student

Printed Name:

Original: ☐ School/EC Program

Copy: ☐ Sp Ed Office

Copy: ☐ Parent