

Name of Student: _____ Birthdate: _____

Date: _____

**RURAL CHAMPAIGN COUNTY
SPECIAL EDUCATION COOPERATIVE**

Prior Written Notice: Revocation of Consent for Special Education Services
34 C.F.R. § 300.503, 300.9 & 300.300

The purpose of this Notice is to provide the parent/adult student with information to make an informed decision when considering the written withdrawal of consent for special education services and provide information regarding the implications of this decision. While the school considered the continuation of special education services but rejected that option because the parent/adult student revoked consent for special education.

There are many rights and protections offered to special education students that are not available to students in general education. 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 which assess the need for specialized instruction designed to benefit in a public school setting. A copy of the Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities can be obtained from RCCSEC and from http://www.isbe.net/spec-ed/html/parent_rights.htm .

I understand that in withdrawing my consent for my child/myself to continue to receive special education carries with it the following implications listed below: (Place your initials next to each statement to acknowledge that you understand the content of this Notice).

_____ I/My child will be dismissed from special education and will no longer receive any special education or related services.

_____ I/My child will no longer be considered to have a disability under the Individuals with Disabilities Education Improvement Act (IDEIA) or the Illinois School Code and will only receive services from general education.

_____ I/My child will be educated in all general education classes and will not have the benefit of special education accommodations, modifications, specialized instruction or related services. All instruction will be provided on grade level and I/my child will be held to the same accountability standards as any other non-disabled student.

_____ I/My child's educational progress will meet the same promotion/retention standards applicable to general education students. This will include, but may not be limited to, the

Student Name: _____

achievement of a passing score on local and statewide assessments and any other state or district criteria for general education student.

_____ I understand I/my child must meet promotion standards.

_____ I/My child will be required to meet all graduation requirements in order 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, my/my child's school proposes to discipline me/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 District will be deemed to have no knowledge of my/my child's suspected disability and may implement the discipline pending a new evaluation to determine eligibility.

_____ If I/my child have/has already received special education and related services, the District is not required to amend my/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 designated on this form and will not be provided by the school district. This includes any compensatory services, request for independent education evaluations (IEE), any services agreed to as part of any resolution session agreements, settlement agreements and any services ordered by an impartial hearing officer as a result of any due process hearing that may have been filed.

_____ I understand that any future consideration for services in special education will require initiation of the referral process and evaluation of my/my child's current performance levels.

_____ I understand that by refusing to accept IDEIA services that I cannot require the district to develop an IEP under Section 504 of the Rehabilitation Act of 1973. I understand that a rejection of the services offered under the IDEIA amounts to a rejection of similar services offered under Section 504.

_____ I understand that my revocation of parental consent releases my/my child's school district and RCCSEC from liability for providing a Free Appropriate Public Education (FAPE) under the IDEIA or the Illinois School Code to myself/my child from the time I revoke consent

Student Name: _____

for special education and related services until the time, if any, that I/my child am/is evaluated and deemed eligible, once again, for special education and related services.

If you have questions regarding this Notice or need to obtain assistance in understanding special education issues, you may contact: _____ at (217) _____ - _____.

Your signature below indicates that you understand the contents of this Prior Written Notice: Revocation of Consent for Special Education Services and that you understand the statements above and are withdrawing your consent for the provision of special education and related services. Additionally, you fully understand the consequence of your withdrawal of consent and are in agreement with the termination of special education services effective ten days from the date that you sign this agreement. This time period may be waived.

Parent/Adult Student Printed Name: _____

Parent/Adult Student Signature: _____

Date: _____

School Personnel Printed Name (Witness): _____

School Personnel Signature (Witness): _____

Date: _____