

Parent request to exit child from special education

If you wish to remove your child from special education, please complete this form and submit it in hardcopy to the special education department office at [Address] _____.

Date: _____

Parent name(s): _____

Re: _____
Student's name

DOB: _____
Student's date of birth

I am the parent or legal guardian of [Student's name] _____, who is enrolled at [School name] _____, and is eligible to receive special education services and supports.

I would like to revoke my consent to the provision of special education services and supports to my child. I no longer wish for my child to receive any special education services or supports, but rather, I want my child to be considered to be a general education student.

I understand that, by revoking my consent to the provision of special education, certain rights and services will no longer apply to my child.

I understand that, among other things:

- My child will no longer be entitled to a free appropriate public education as defined in special education law. FAPE includes all substantive and procedural special education rights, including, among other things, placement in special education classrooms; receipt of services such as speech-language, physical, or occupational therapy; reevaluations every three years; and development of IEPs. However, my child will remain entitled to a free public education in the same manner as students who are not eligible for special education.
- In the event of conduct that leads to disciplinary action, my child will be disciplined according to the rules that apply to general education students, not the rules for special education students. Disciplinary procedures that apply to special education students, such as manifestation determinations, will not be available to my child.
- The school district cannot legally be found to be in violation of the requirement to make FAPE available to my child during any time in which I have revoked consent for my child to receive special education services.

I understand that I may at any time change my mind and request that my child be returned to special education. If I do so, my child's district of residence will conduct appropriate assessments and convene an IEP team meeting to determine whether my child qualifies for special education, and, if so, to develop an appropriate program and placement.

Sincerely,

Parent signature(s)

Address (include city, state, and zip code)

Telephone number(s)

Email(s)