

Student Name: _____ DOB: _____ Date of Meeting: _____

CONSENT FOR PLACEMENT IN SPECIAL EDUCATION

Please initial each applicable statement below:

- _____ I have been advised of and given a copy of special education procedural rights.
- _____ I have been given a copy of the assessment reports (if assessments were completed for this IEP).
- _____ I agree with the goals and objectives developed for this IEP and agree to have them implemented.
- _____ Permission **is** given for my child to be placed in the specific educational placement described in the IEP.
- _____ Permission **is not** given for my child to receive the following recommended services: _____

- _____ I have been informed which agencies will be receiving my child's records and I have signed a release of information.
- _____ I requested a copy of the IEP to be provided in my primary language.
- _____ I do not request a written translation of the IEP.
- _____ IEP has been interpreted orally by (when applicable): _____

I have been informed that my child cannot be assessed for or placed in special education and related services without my consent. I understand that I have a right to receive this notice of consent in writing in my native language; if my language is not written, this information will be translated orally or manually. I further understand that my consent is voluntary and can be revoked at any time.

Parent/Guardian/Surrogate: _____ Date: _____

Parent/Guardian/Surrogate: _____ Date: _____

Student Signature (Optional): _____ Date: _____

_____ On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age 18) _____/_____/_____
(Initial) Date By Whom

The persons whose signatures appear below affirm attendance/participation at the meeting of the IEP team.

_____ Administrator/Designee	_____ Date	_____ Speech & Language Pathologist	_____ Date
_____ Special Education Teacher	_____ Date	_____ School Psychologist	_____ Date
_____ General Education Teacher	_____ Date	_____ Additional Participant	_____ Date
_____ School District/Representative	_____ Date	_____ Additional Participant	_____ Date
_____ Additional Participant	_____ Date	_____ Interpreter	_____ Date

Dissenting Opinion Attached by (Name): _____