Dear Parent,	Date:
The Special Education Eligibility Team has recommended that your child, special education and related services program. An Individualized Educational Pro meet his/her individual educational needs annually.	participate in a participate in a participate in a
I understand that those services may change over time, as the needs of my child change. However, I will only be required to sign this consent form at the time services are initially offered. Additionally, if my child moves to a new school district, I may be asked again for written permission for provision of services.	
[_] Yes, I do agree with the recommendation for my child to receive special education. I do not agree with the recommendation for my child to receive special education.	ation and related services. Jucation and related services
Parent Name	
Parent Signature	Date
Signature of School Personnel receiving this form	Date

A copy of parental rights will be provided upon request.