

REVOCAION OF CONSENT FOR SPECIAL EDUCATION & RELATED SERVICES
ARSD 24:05:13:01(8)(e) & ARSD 24:05:27:04.03

STUDENT NAME:		SIMS:
PARENT/GUARDIAN NAME:		DATE SENT:
SCHOOL DISTRICT:	SCHOOL:	
DOB:	AGE:	GRADE:

This form enables the parent/guardian or adult student to revoke consent in writing. If you revoke consent in writing the school district or public agency:

1. Is not required to convene an IEP team meeting or develop an IEP;
2. Will not be considered to be in violation of the requirement to make a free appropriate public education (FAPE) available to the student because of the failure to provide further special education and related services;
3. May not seek to use consent override procedures such as mediation or due process procedures to obtain an agreement or a ruling that services may be provided to the student;
4. May not continue to provide special education and related services to the student, but must provide **Prior Written Notice** before ceasing the provision of special education and related services.

It is not required to amend the student's education records to remove any references to the student's receipt of special education and related services because of the revocation of consent.

I REVOKE consent to continue to receive special education and related services.

Parent/ Guardian/or Adult Student Signature: _____

Date: _____

Special Education and Related Services will be discontinued ONLY after the school district's or public agency's receipt of your signature to revoke consent for Special Education and Related Services and the Prior Written Notice is provided to the parent or adult student.

Date revocation received by district: _____

Signature of School District or Public Agency Official: _____

Date Prior Written Notice provided: _____

Date special education and related services terminated: _____