

SIGNATURE AND PARENT CONSENT

Name _____

IEP Date: _____

IEP Meeting Participants_____
Parent/Guardian/Surrogate_____
Date_____
Parent/Guardian_____
Date_____
Student/Adult Student_____
Date_____
General Education Teacher_____
Date_____
LEA Representative/Admin.Designee_____
Date_____
Special Education Specialist_____
Date_____
Additional Participant/Title_____
Date_____
Additional Participant/Title_____
Date_____
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Additional Participant/Title_____
Date_____
Additional Participant/Title_____
Date**CONSENT** I agree to all parts of the IEP. I agree with the IEP, with the exception of _____ I decline the offer of initiation of special education services. I understand that my child is not eligible for special education. I understand that my child is no longer eligible for special education.

As a means of improving services and results for your child did the school facilitate parent involvement?

 Yes No No Response

Signature below is to authorize and approve the IEP.

Signature: _____

Date _____

 Parent Guardian Surrogate Adult Student

Signature: _____

Date _____

 Parent Guardian Surrogate Adult StudentIf my child is or may become eligible for public benefits (Medi-Cal): I authorize the district to access Medi-Cal: health insurance benefits for applicable services. Yes No_____
Parent/Guardian Signature Parent has received a copy of the Procedural Safeguards Parent has received a copy of assessment report (if applicable) Parent has received a copy of the Individualized Education Plan (IEP) Parent has received written notification of protections available to parents when LEA requests to access Medi-cal benefits Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.