

SIGNATURE AND PARENT CONSENT**Student Name:** _____**Birthdate:** _____**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_____
Additional Participant/Title_____
Date_____
Additional Participant/Title_____
Date_____
Additional Participant/Title_____
Date_____
Additional Participant/Title_____
Date_____
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.

Signature below is to authorize and approve the IEP.

Signature _____

 Parent Guardian Surrogate Adult Student

Date _____

Signature _____

 Parent Guardian Surrogate Adult Student

Date _____

PARENT INVOLVEMENT

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

- Yes No No Response

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the LEA/district to release student information for the limited purpose of billing Medi-Cal/Medicaid and to access Medi-Cal: health insurance benefits for applicable services.

Signature _____

 Parent Guardian Surrogate Adult Student

- Parent/Adult Student has received a copy of the Procedural Safeguards.
- Parent/Adult Student has received a copy of assessment report (if applicable).
- Parent/Adult Student has received a copy of the Individualized Education Plan (IEP).
- Parent/Adult Student 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.