

**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\_\_\_\_\_  
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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.

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

- 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).  
 Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.