

**STATE SELPA IEP TEMPLATE
REVOCATION OF CONSENT**

WRITTEN NOTICE TO PARENT WHEN PARENT REVOKES CONSENT TO SPECIAL EDUCATION AND RELATED SERVICES

[DATE]

[PARENTS' NAME]
[PARENT ADDRESS]

Re: [STUDENT'S NAME AND DOB]

Dear _____:

On _____ [DATE], the [_____ School District] ("District") received your written notice revoking consent to the District's continued provision of special education services and placement for your [SON/DAUGHTER]. This letter responds to your _____ [DATE] letter, wherein you revoked your consent for your child, [NAME], to receive special education and related services from the District. Please consider this the District's response to your request under Title 34 Code of Federal Regulations ("CFR") sections 300.300 and 300.503.

The District believes that [NAME] continues to require special education and related services pursuant to the individualized education program ("IEP") meeting convened on [DATE] based upon the following information: (1) a review of [NAME's] student records; (2) input from the members of [NAME's] IEP team; (3) observation of [NAME's] school performance; and (4) a review of [NAME's] assessments, specifically, [SPECIFY EACH EVALUATION / ASSESSMENT/ REPORT], including independent assessments; (5) [NAME's] progress on her/his goals; and, (6) all other available information.

However, based on the receipt of your written revocation of consent, the District will discontinue all special education and related services for [NAME] on [DATE]. After that date, [NAME] will no longer receive the educational services and supports contained in [his/her] [DATE(S)] IEP, which include, but are not limited to: [LIST PLACEMENT, SERVICES, ACCOMMODATIONS, MODIFICATIONS, AND/OR SUPPORTS, INCLUDING BEHAVIORAL SUPPORTS, STUDENT WILL NO LONGER RECEIVE].

Beginning on [DATE] [INSERT THE SCHOOL DAY AFTER THE DAY THAT SPECIAL EDUCATION SERVICES STOP], [NAME] will be placed in a general education classroom [IF NEEDED, INSERT DESCRIPTION OF GENERAL EDUCATION PLACEMENT]. At that time, [NAME] will only have access to those supports, accommodations, and opportunities that are made available to general education students.

Please be advised that after [DATE], [NAME] will become a general education student and will no longer be entitled to the special education and related services, rights and procedural safeguards provided under the Individuals with Disabilities Education Improvement Act of 2004 ("IDEA") and related provisions in the California Education Code. [NAME] will be treated as a general education student in all respects, including discipline as well as statewide testing, [and graduation, if appropriate]. As a result, [NAME]'s disability will not be taken into consideration when determining appropriate disciplinary action and [he/she] will not be entitled to the IDEA's discipline protections.

Your revocation of consent releases the District from its obligation to provide your child with a free appropriate public education. If, in the future, you would like your child to receive special education and related services from the District, please contact us. The District will treat such a request as a request for an initial evaluation.

The District has considered all available information in ceasing the provision of special education services to your [SON/DAUGHTER.] The District would like to meet with you on [DATE] to discuss your decision and its potential impacts. However, our invitation to meet is entirely voluntary. You are not obligated to meet with us and any meeting will not delay or deny the discontinuation of special education and related services to your child. Please contact _____ at [INSERT CONTACT INFORMATION] to confirm whether you will attend the meeting. If we do not hear from you, we will assume that you do not wish to meet.

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I have enclosed a copy of the District's parental rights and procedural safeguards. Please feel free to contact me with any questions you may have at this time. You may also contact the following sources to obtain assistance in understanding your rights:

California Department of Education
P.O. Box 944272
Sacramento, CA 94244-2720.

[LOCAL SELPA]

Thank you for your time and careful consideration in this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

[NAME]

[TITLE]

Enclosures: Parent's written revocation of consent
 Notice of Parental Rights and Procedural Safeguards