

FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM

Consent for Initial Provision of Special Education and Related Services

Date:			
Name:		Grade	DOB:

Parent Notice: Consent for Initial Provision of Special Education and Related Services

Your child has been evaluated and found eligible to receive special education and related services as described in your child’s Individualized Education Program (IEP). In order to meet your child’s needs, the IEP committee has recommended the following placement for your child:

- General Education with Modifications and/or with Supplementary Aids and Services (Participation in General Education 80% or more of the school day).
- Resource Room Classroom Placement (Participation in General Education 79% to 40% of the school day).
- Separate Classroom Placement (Participation in General Education less than 40% of the school day)
- Separate Facility
- Residential
- Homebound/Hospital
- Correctional Facility

The basis for the proposed placement is supported in the documents listed below.

- I have received a copy of my child’s IEP and I understand the services and recommended placement.
- I consent to the initial provision of special education and related services to my child as described in the IEP. I understand that my consent may be revoked at any time.
- I do not consent to the initial provision of special education and related services to my child as described in the IEP.

Signature of Parent or Guardian **Date**