Capistrano Unified School District
San Juan Capistrano, California

Parent Consent Obtained After IEP Team Meeting

Date:________________________

Dear Parent(s) or Guardian(s):

The Individualized Education Program Team (IEP Team) meeting held on ________________________ to review your son's/daughter's school progress and special education needs resulted in the development of the attached Individualized Education Program (IEP) or IEP Addendum. We need your written consent in order to implement the goals, objectives and/or placement recommendations that were developed. Please initial the appropriate checked areas, sign and return as soon as possible. Your child will not receive the services indicated until we receive your written consent

☐ **DUE PROCESS RIGHTS**

________ I have been provided a copy of my rights under state and federal law and understand them -
(initial)

☐ **GOALS AND OBJECTIVES**

________ I agree with the goals and objectives written in the Individualized Education Program (IEP).
(initial)

________ I disagree with the goals and objectives written in the Individualized Education Program (IEP).
(inital)

☐ **PLACEMENT**

________ I consent to the placement recommendations.
(initial)

________ I do not consent to the placement recommendations.
(initial)

☐ **ADDENDUM ONLY**

________ I consent to changes in the IEP.
(initial)

________ I do not consent to changes in the IEP.
(initial)

Signed: ________________________________ Date: ____________________________
Parent/Guardian

If you have indicated disagreement in any area, a member of the IEP Team will contact you to schedule an IEP Team meeting. Your chid will not receive the services indicated until we receive your written consent.

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<u>Please return signed forms to:</u>

Name________________________________ Telephone Number__________________________

Address____