

# Education Co-op of Central Texas

\*DATE OF NOTICE

\_\_\_\_\_

P. O. Box 1970 - 2400 Franklin Avenue  
Waco, Texas 76703  
Voice (254) 756-1974 Fax (254) 756-7902

## NOTICE OF REVOCATION OF CONSENT FOR CONTINUED PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES

Name _____	Birth Date _____	Grade _____	Sex _____
School _____	Home Phone _____	Student ID _____	
Parent(s) _____		Work Phone _____	
Address _____			

### Action Prompting Notice: WRITTEN PARENT REQUEST TO REVOKE CONSENT FOR CONTINUED SPECIAL EDUCATION AND RELATED SERVICES

Dear Parent: It is our understanding that you no longer want your child (or yourself, if you are an adult student) to receive special education and related services. You must understand that the public school district:

1. May not continue to provide special education and related services to the student, but must provide prior written notice before ceasing the provision of special education and related services.
2. May not use the Mediation or Due Process procedures in order to obtain agreement or a ruling that the services may be provided to the child.
3. Will not be considered to be in violation of the requirement to make free appropriate public education available to the child because of the failure to provide the child with further special education and related services.
4. Is not required to convene an ARD Committee meeting or develop an IEP for the child for further provision of special education and related services.
5. Will no longer provide services to your child as of the date the public agency provides this written notice.
6. Is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.

### UPON REVOCATION OF CONSENT, THE FOLLOWING SERVICES WILL BE DISCONTINUED:

Special Education Classes (specify):

\_\_\_\_\_  
\_\_\_\_\_

Special Education Services/Supports- - e.g., counseling, OT, PT, ESY, etc. (specify):

\_\_\_\_\_  
\_\_\_\_\_

### AFTER REVOKING CONSENT FOR SPECIAL EDUCATION SERVICES ALL OF THE FOLLOWING WILL APPLY TO YOU/YOUR CHILD:

\*The student will be subject to all general education credit/course requirements, including the TAKS test. In order to receive a high school diploma, the student will need to demonstrate mastery of all required TAKS assessments and earn the requisite number of academic credits in general education courses.

\*A student in high school who has previously earned graduation credit(s) for special education course(s) will have to retake each course in a general education setting in order to receive academic credit for graduation purposes.

Similarly, any course coded with a "V" code, implying modified course content, will need to be re-taken. Students affected by these circumstances may not graduate at the same time as their grade level peers.

\*The student will be subject to all general education disciplinary procedures. He or she will not be protected by the special disciplinary provisions that apply to students covered by the Individuals with Disabilities Education Act (IDEA).

\*If, after revocation of consent and cessation of special education and related services, you request that special education services be restarted, your request will be treated as an initial referral to special education. Upon receipt of your consent for evaluation, necessary assessment data will be gathered and a determination of eligibility will be made by the ARD committee.

Your signature below verifies that if you require notice and an explanation of your rights in your native language, the school district has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Notice of Procedural Safeguards* document until consent is revoked.

If you have questions regarding this decision, your rights, or wish to schedule a conference, please contact the districts' Director of Special Education at \_\_\_\_\_

- Yes, I want to revoke my consent for the continued provision of special education services.**
  
- No, after understanding the provisions above, I do not want to revoke my consent. I want my child to continue to receive special education and related services.**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Public School Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Interpreter, if necessary**

\_\_\_\_\_  
**Date**