**PRIOR WRITTEN NOTICE**
**for**
**TERMINATION OF ALL SPECIAL EDUCATION SERVICES,**
**RELATED SERVICES, AND SUPPLEMENTARY AIDS AND SERVICES**
**DUE TO PARENT'S REVOCATION OF CONSENT**

**To** _____ **Date** _____
(Parent/Legal Educational Decision Maker)

**Address** _____
_____
_____

**On behalf of** _____
(Student's Name)

On _____, you revoked consent, in writing, for all special education services, related services and supplementary aids and services for the student named above.

Under this circumstance, special education regulations require the school district to terminate all special education services, related services and supplementary aids and services, and to give the parent (or legal educational decision maker) written notice of the termination of services before the services are terminated. This document is the written notice required by these regulations.

**1) A DESCRIPTION OF THE ACTION PROPOSED:**

**On _____, all special education services, related services and supplementary aids and services specified in the IEP of the student named above will cease.**

**2) EXPLANATION OF WHY THE ACTION IS PROPOSED:**

**Consent for all special education services, related services and supplementary aids and services has been revoked.**

**3) OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED:**

**No options were considered. This is not a decision of the student's IEP team. This is a unilateral action of the education decision maker for this student, as authorized by special education regulations.**

**4) DESCRIPTION OF THE DATA USED AS BASIS FOR THE PROPOSED ACTION (*including each evaluation procedure, assessment, record or report used as a basis for the proposed or refused action*):**

**No data was used as the basis for the proposed action. This is not a decision of the student's IEP team. This is a unilateral action of the education decision maker for this student, as authorized by special education regulations.**

**5) OTHER FACTORS RELEVANT TO THE PROPOSAL (e.g. LRE, harmful effects):**

**There are no other factors relevant to the proposed action. This is not a decision of the student's IEP team. This is a unilateral action of the education decision maker for this student, as authorized by special education regulations.**

## ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws: Kansas State Dept. of Education 800-203-9462; Disability Rights Center of Kansas (DRC) (877) 776-1541; Families Together, Inc. 800-264-6343; and Keys for Networking 785-233-8732.

### PROCEDURAL SAFEGUARDS TO PROTECT PARENT'S RIGHTS

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. If you have any questions regarding your rights or would like to receive an additional copy of your rights, you may contact the special education director for your school or special education cooperative.

### DELIVERY

I, _____,

☐ hand delivered,

☐ mailed,

☐ other _____
(specify)

this notice to _____ on _____.
(Name) (Date)