

PRIOR WRITTEN NOTICE
for
TERMINATION OF PARTICULAR SPECIAL EDUCATION SERVICES, RELATED SERVICES
SUPPLEMENTARY AIDS AND SERVICES AND/OR PLACEMENTS
DUE TO PARENT'S REVOCATION OF CONSENT

To _____
(Parent/Legal Educational Decision Maker)

Date _____

On behalf of _____
(Student's Name)

Address _____

On _____, you submitted a revocation of consent, in writing, for the following special education services, related services, supplementary aids and services and placements for the student named above:

1) ACTION TAKEN OR REFUSED

DESCRIPTION AND EXPLANATION OF THE ACTION TAKEN:

On _____, the following special education services, related services, supplementary aids and services and/or placements will cease: _____

All other services and placements will continue as specified in the student's IEP.

This action will be taken because the education decision maker for this student has revoked consent for: (a) a particular service or services: and/or (b) a particular placement or placements, and the student's IEP team has certified in writing that the student will continue to receive a free appropriate public education without the services or placements specifically stated in paragraph 1.A, above.

DESCRIPTION AND EXPLANATION OF THE ACTION REFUSED:

The proposal to terminate particular special education services, related services, supplementary service and/or placements is refused. The following services or placements will not be terminated. _____

This action is being refused because the education decision maker for this student has revoked consent for: (a) a particular service or services: and/or (b) a particular placement or placements, but the student's IEP team has not certified in writing that the student will continue to receive a free appropriate public education without the services or placements specified paragraph 1.B, above.

2) OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED:

3) 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):

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

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. The school is required to give you a copy of the rights of a parent at least one time each school year. If you have any questions regarding your rights or if you wish to receive an additional copy of your rights, you may contact the special education director of the school or special education cooperative.

DELIVERY

I, _____,

- hand delivered,
- mailed,
- other _____
(specify)

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