REVOCATION OF CONSENT
FOR PARTICULAR SPECIAL EDUCATION AND RELATED SERVICE(S) AND/OR PLACEMENT(S)

STUDENT NAME: _____

SCHOOL DISTRICT: _____

Effective _____, I, _____, having authority under
(Date) (Name)
the laws of the state of Kansas to make educational decisions:

☐ on behalf of the above named student
☐ on my own behalf (adult student),

hereby revoke consent for the following special education and related service(s) and or placement(s) for the above named student:

_____

_____

If the IEP team certifies in writing that the above named student does not need the special education and related service(s) and/or placement(s) specified above in order to receive a free appropriate public education (FAPE), I understand that, **after providing me with prior written notice of the termination of services:**

(a) this revocation of consent will result in the school district discontinuing only the above specified service(s) and/or placement(s) and that all other provisions in the IEP will be continued;
(b) this revocation of consent does not negate an action that occurs after consent is given and before consent is revoked; and
(c) the school district will not be considered to be in violation of the requirement to make a FAPE in the least restrictive environment available to the student because of the discontinuation of the service(s) and/or placement(s) specified above.

If the IEP team determines that the student needs the special education and related service(s) and/or placement(s) specified above to receive a FAPE, I understand that:

(a) the service(s) and/or placement(s) specified above will continue;
(b) I retain all of the procedural safeguards specified in federal and state special education laws and regulations; and
(c) I may request mediation or initiate a due process hearing to challenge the IEP team's decision that the special education service(s) and/or placement(s) specified above are needed in order for the student to receive a FAPE.

_____ _____
(Signature) (Date)

As the school representative on this student's IEP team, I,_____,
(Name)
certify, on behalf of the IEP team, that this student's IEP team considered the revocation of consent described above and that the team determined that the student ☐ *does* ☐ *does not* need the special education and related service(s) and/or placement(s) specified above in order to receive a free appropriate public education (FAPE).

_____ _____
(Signature) (Date)