

Method of Provision:
 Personally Presented
 Mailed

Student's Name: Sam Jones
Parent/Guardian: Henry Jones

<Insert District Information>

NOTICE OF ACTION

In accordance with Part B of the IDEA

Prior Written Notice must be given before our district takes certain actions.

The following is to describe the action(s) <input checked="" type="checkbox"/> Proposed or <input type="checkbox"/> Refused by our district.	
<input type="checkbox"/> Initial evaluation	<input type="checkbox"/> Initial placement
<input type="checkbox"/> Reevaluation	<input checked="" type="checkbox"/> Change of placement
<input type="checkbox"/> Ineligibility for services	<input checked="" type="checkbox"/> Change of services
<input type="checkbox"/> Change in Eligibility	<input type="checkbox"/> Graduation with regular diploma
<input type="checkbox"/> Initial services	<input type="checkbox"/> Other: (Specify) _____

Explanation of Action: (The reason(s) for the proposal or refusal) Pursuant to the parent's written revocation of consent for special education services and placement, Sam's placement will be changed to the regular education classroom 100% of the time. Sam's speech services for 60 minutes per week and reading comprehension services for 150 minutes per week will discontinued as of <date>.

Options Considered and Why Rejected:

- Option(s) that was/were considered by the IEP team: No other options were considered due to parent's right to revoke consent for special education services.
- The reason(s) why each option was rejected: _____

Basis for the Action: (A listing or attached description of each evaluation procedure, assessment, record, or report used as a basis for the action)
Sam's father, Henry Jones, has provided a written revocation of consent for special education services. See attached letter.

Other Factors Relevant to the Action: When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA).

Procedural Safeguards Statement

Parents of a child with a disability have protection under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA). A copy of The Procedural Safeguards Statement for Parents and Children may be obtained from <insert name and address of local district special education contact>.

If you need assistance in understanding the provisions of the procedural safeguards, you may contact <insert name, address and telephone number of local district special education contact> or the Special Education Compliance Section at the Department of Elementary and Secondary Education at (573) 751-0699 or via e-mail at webreplyspeco@dese.mo.gov.

When seeking consent for evaluation, a description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice.

When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA).

If you have any questions or object to this action, contact me immediately.

_____	_____	_____
Name	Title	Phone Number

Section 1

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

- Initial evaluation *(with assessment)
- Initial services
- Reevaluation *(with assessment)

I understand and agree to the proposed action.

Parent/Guardian Signature

Date of Parent/Guardian Signature

Date signed consent received by public agency _____

***(A description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice).**

Section 2

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement. I understand this provision and my signature below indicates that I am in agreement for the action to be carried out in less than ten days.

Parent/Guardian Signature

Date

Date received by public agency _____