

**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 \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Educational Decision Maker)

On behalf of \_\_\_\_\_ Address \_\_\_\_\_  
(Student's Name)  
\_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_, you presented 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) A DESCRIPTION OF THE ACTION PROPOSED:**

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.

In my capacity as the school representative on this student's IEP team, I hereby certify that the team has determined this student will continue to receive a free appropriate public education without the services and placements specified in paragraph 1, immediately above.

\_\_\_\_\_  
(Name and Position)

\_\_\_\_\_ The proposal to terminate particular special education services, related services, supplementary services and/or placements is refused. No services or placements will be terminated.

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

\_\_\_\_\_ 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, through the school representative on the team, has certified in writing that the student will continue to receive a free appropriate public education without the services or placement specifically stated in paragraph 1, above.

\_\_\_\_\_ 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 in the student's IEP.

- 3) **OPTIONS CONSIDERED AND WHY THE OPTONS WERE REJECTED:**
  
- 4) **DESCRIPTION OF THE DATA USED AS A BASIS FOR THE PROPOSED ACTION**  
*(Including each evaluation procedure, assessment, record or report used as a basis for the proposed or refused action):*
  
- 5) **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 Keys for Networking 785-233-8732	<u>Other Local Resources:</u>
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#### 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 the child's educational planning team are examples of the rights these laws give you. These laws also required that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights.

To receive an additional copy of your rights and the procedural safeguards available to you, and if you have any questions regarding your rights, you may contact the school representative listed below:

#### ACKNOWLEDGEMENT

\_\_\_\_\_ *I have been fully informed* of all information relevant to the proposal to terminate services to the student named in this notice. I understand the actions proposed. I understand my parental rights (procedural safeguards).

\_\_\_\_\_  
 (Parent/Legal Education Decision Maker)

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Parent/Legal Education Decision Maker)

Date: \_\_\_\_\_