

CONSENT FOR INITIAL PLACEMENT

Student's Name: _____ Birth Date: _____
School: _____.

I, as parent or guardian of the above named child, give my consent for the placement of my child in the special education program based on the Individualized Education program (IEP), with the understanding that the need for this placement will be reviewed at least annually. I have been fully informed of all information relevant to the proposed program placement as described in the attached Notice of Action form. I understand that my consent is voluntary and may be revoked at any time.

I have received a copy of the Notice of Procedural Safeguards for Special Education that was with this form.

Parent/Guardian/Adult Student Signature Date

Parent/Guardian/Adult Student Signature Date

Encls:
SED-F040 and SED-F042
Notice of Procedural Safeguards