

# Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764  
PHONE: 815-844-7115 • FAX: 815-842-3170 • TDD: 815-842-3170

## PARENT / GUARDIAN CONSENT FOR INITIAL PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENTS DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_  
(Parent's/Guardian's Name)

At a recent conference your child was recommended for initial provision of special education and related services and an Individualized Education Program (IEP) was developed. Before a school district can provide the special education services described in your child's IEP, your informed written consent is required. Your consent is voluntary and you may revoke your consent at anytime. If you revoke consent, it does not negate an action that has occurred after the consent was given and before the consent was revoked.

### CHECK ONE:

I give consent For the following initial special education and related services of my child as indicated on the Individualized Education Program (IEP). The proposed special education and related service(s) have been fully explained to me and are consistent with the IEP developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued services or change in services/placement. At least annually, I will be given reasonable opportunity for comment on and input into my child's IEP.

I received a copy of the **Explanation of Procedural Safeguards** which have been fully explained to me by school personnel, including the procedures for requesting an impartial due process hearing.

I understand that as soon as possible following development of the IEP, but not more than ten (10) calendar days, special education and related services will be made available to my child in accordance with the IEP.

I do not give consent For the following special education and related services of my child as indicated in the Individualized Education Program (IEP).

I understand that the school district will not be in violation of the requirement to make available a free appropriate public education for my child if I refuse to give consent.

I have received  Copy of the IEP Eligibility Summary  
 Copy of the Individualized Education Program (IEP)  
 Other \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

If you have any questions concerning this process or require additional information regarding your and your child's rights, please contact:

Name: Dawn Conway Title: Director of Special Education - LCSSU Phone: 815-844-7115

Sincerely,

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_