

**CONFIRMATION OF REVOCATION OF CONSENT &
PRIOR WRITTEN NOTICE OF TERMINATION OF SERVICES**

Date: _____

Student Name: _____ DOB: _____

Parent Name: _____

Dear _____:

In response to your oral/written (*circle one*) communication of _____ (*date*), please treat this notice as confirmation of your decision to revoke consent for the provision of special education and related services to _____.
(Student Name)

You are hereby notified that, effective immediately, all special education and related services set forth in the Individualized Education Program (IEP) dated _____ will cease. In addition, you are further notified that, as appropriate, the student's schedule and classroom placement will be modified to reflect the student's status as a general education student. All rights and responsibilities previously held by your child, including special education disciplinary protections, will be modified to reflect his/her status as a general education student.

In the event you decide at some future date that you wish to consider special education and related services for the student, you will be required to request a new evaluation for the student in order to determine if special education eligibility is appropriate.

If you have further questions or concerns regarding the contents of this notice, please contact _____ at _____.
(District Contact Name) (Phone Number)

Sincerely,

(District Representative)

(Title)