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| **STUDENT NAME:** | | | **SIMS:** |
| **PARENT/GUARDIAN NAME:** | | | **DATE SENT:** |
| **SCHOOL DISTRICT:** | | **SCHOOL:** | |
| **DOB:** | **AGE:** | | **GRADE:** |
|  | | | |

Your child was determined to have a disability and is eligible for special education and related services. A copy of the following has been or will be provided to you:

* The evaluation report(s), Determination of Eligibility and the Parental Prior Written Notice.
* The Parental Rights and Procedural Safeguards.

Before the district can provide special education and related services to your child, your written consent is required. Consent is voluntary and can be revoked at any time. By providing consent, you, as a member of the IEP team, have the opportunity to participate in the development, review and revision of the IEP for your child at least annually.

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| I understand the action proposed above and  ☐ **I CONSENT1** for my child to receive special education and related services.  ☐ **I DO NOT CONSENT1** for my child to receive special education and related services.  (I understand that if I decline to give my consent for my child to receive special education and related services the school district is not required to convene an IEP team meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement to make available a free appropriate public education (special education and related services) for my child.)    Parent/ Guardian Signature:         Date: |

Consent definition can be found in Administrative Rules of South Dakota (ARSD) 24:05:13:01

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| **For District Use:**  Date consent was received by the district:  **Reasonable effort was made to gain parent consent:**  1st Contact Date        Method        Response  2nd Contact Date        Method        Response  3rd Contact Date        Method        Response |