

Aiken County Public Schools
Department of Special Programs

Consent for Initial Provision of Special Education and Related Services

Child's Name _____ Date _____

- I have received a copy of the Procedural Safeguards Notice and understand my due process rights under state and federal law.
- I have received prior written notice for the proposed services.
- I acknowledge that I was given the opportunity to participate in the evaluation/eligibility process and received a copy of the evaluation and eligibility report.
- I understand that the district is only required by law to obtain my written consent for the initial provision of special education and related services.
- I understand that my consent is voluntary and may be revoked at any time by putting my request in writing. I understand that if I revoke consent, that revocation will not be retroactive.

PLEASE CHECK ONE

____ I agree with these statements and do give consent for the initial provision of special education and related services.

____ I agree with these statements and do not give consent for the initial provision of special education and related services.

Signature of Parent, Guardian, Surrogate or Student (if 18 or older)

Date

Please return this form to _____