

**PARENTAL PRIOR WRITTEN NOTICE
FOLLOWING REVOCATION OF CONSENT FOR SPECIAL EDUCATION AND RELATED SERVICES
ARSD 24:05:27:04.03**

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

Under ARSD 24:05:27:04.03, when a parent/guardian or adult student revokes consent in writing for the provision of special education and related services, the school district may not continue to provide special education and related services to the student. However, before the district discontinues services, the district must provide the parent/adult student with a prior written notice before ceasing services. The district must provide the notice in understandable language (ARSD 24:05:30:06). The prior written notice must be given a reasonable time before the school discontinues special education and related services.

Action proposed or refused by the district:

Discontinue all special education and related services beginning on _____.

Explanation of why the district proposed or refused to take the action:

On _____, the parent/guardian or adult student revoked consent in writing for special education and related services.

Description of other options that the IEP team considered and the reasons why those options were rejected:

The parent/guardian or adult student has the right to revoke consent for special education and related services, thereby ending the provision of special education and related services. The IEP team does not have any authority to override this revocation of consent. The district may not seek to use consent override procedures such as mediation or due process procedures to obtain an agreement or a ruling that services may be provided to the student. Therefore, no other options were considered.

Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

Parent/guardian or adult student's written revocation of consent.

Description of other factors relevant to district's proposal or refusal:

- ✓ The district is not recommending that the student be dismissed from special education.
- ✓ The revocation of consent by the parent/guardian or adult student will result in the discontinuation of all special education and related services previously determined by the IEP Team to be necessary for the student to receive a free appropriate public education (FAPE).
- ✓ There will be no more IEP Team meetings and no more IEP.
- ✓ If the parent/guardian or adult student decides in the future to request reinstatement of special education and related services, the district's initial referral process will apply.
- ✓ The district will not be considered to be in violation of the requirement to make available FAPE to the student because of the failure to provide special education and related services following the revocation of consent.
- ✓ The district is not required to amend the educational records of the student to remove any reference to the receipt of special education and related services because of the revocation of consent.
- ✓ If discipline actions are required, the district will follow the same procedures as for all students.

PARENTAL PRIOR WRITTEN NOTICE
FOLLOWING REVOCATION OF CONSENT FOR SPECIAL EDUCATION AND RELATED SERVICES
ARSD 24:05:27:04.03

Five Calendar Day Notice Requirements

In South Dakota, prior notice must be given to parents five calendar days before the district's proposed action or refusal goes into effect. Parents have the right to waive the five calendar day prior notice requirement.

The district proposes to implement the above action(s) on _____.

I wish to waive the mandatory five calendar day waiting period which will start the changes noted in this prior written notice on _____.

(Parent/guardian or adult student initial) _____ Date _____

If you have questions, please contact _____ at _____.

Parental Rights Resources:

You have protections under procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553.

District Only:

Prior Written Notice was given to the parent/guardian or adult student by _____ on _____

Prior Written Notice was sent to the parent/guardian or adult student by _____ on _____

Method of delivery: _____