



Parental Consent for Placement

____/____/____
(Date)

Dear Parent of _____,

The Individualized Education Program (IEP)/Team met on ____/____/____ and has recommended that the child, _____, participate in the special education and related services program(s). An Individualized Education Program (IEP) will be developed to meet his/her individual educational needs annually.

- Yes, I do agree with this placement to receive special education and related services.
- No, I do not agree with this placement for the following reasons:

Parent Signature

Date

A copy of parent rights may be provided upon request.