

SANILAC INTERMEDIATE SCHOOL DITRICT AND SCHOOL DISTRICT

OFFICE OF SPECIAL EDUCATION SERVICES

Notice of Proposal to Dismiss and to Discontinue Special Education Services

Due to Receipt of Written Withdrawal of Parental/Adult Student Consent
for the Continued Provision of Special Education Services

34 CFR §300.503, 300.9 & 300.300

18 TAC§89.1050

Student Name: Date:
Date of Birth:
Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability. Eligibility for special education is determined on the basis of evaluations determining the need for specialized instruction in order for the student to benefit in a public school setting.
Along with the instruction, there are many rights and protections offered to special education students that are not available to students in general education. The purpose of this notice is to provide the parent/adult student with information to allow them to make an informed decision regarding their decision to withdraw consent for the continued provision of special education services to their child and to inform them of the implications of the decision to withdraw consent.
I understand that in withdrawing my consent for my child/myself to continue to receive special education carries with it the following implications (please initial each section):
I/My child will be dismissed from special education and will no longer receive any special education or related services.
I/My child will no longer be considered to have a disability.
I/My child will be educated in all general education classes and will not have the benefit of special education modifications, accommodations, specialized instruction or related services. All instruction will be provided on grade level and my child will be held to the same standards of accountability as any other non-disabled student.
I/My child will be held to the promotion/retention standards applicable to general education students.
I/My child will be required to meet all graduation requirements. If my child does not meet with all graduation requirement required of general education students, my child may not be able to graduate and receive a diploma through general education.

I/My child will be expected to follow the	
Student Conduct and will be subject to the same exp consequences of non-disabled students. If, after dis- school district proposes to discipline my child in a n disciplinary alternative education program or expulse	missal from special education, the nanner that involves removal to a
to determine eligibility for special education, Intermediate School District (SISD) will be deemed	District and Sanilac
suspected disability and may implement the discipli determine eligibility.	
If I/my child have already received special education required to amend my/my child's education records of special education and related services because of	to remove any references to the receipt
I understand that the provision of any instructional as stated in any previous IEP report shall cease on the will not be provided by the school district. This increase agreed as part of any Resolution Session, so settlement Agreement or mediation Agreement enter and Sanilac Intermediate School District (SISD) and hearing officer as a result of any due process hearing	date of the signature of this form and ludes any compensatory services, ervices agreed to as part of any red into with District d any services ordered by an impartial
I understand that my revocation of parental consent a and Sanilac Intermediate School District (SISD) fro Appropriate Public Education to myself/my child freeducation and related services until the time, if any, deemed eligible, and I provide consent at that time feeducation and related.	m liability for providing a Free and om the time I revoke consent for special that I/ my child is evaluated and
If you have questions regarding this Notice, you may concordinator or the Special Education Services Administrative District (SISD)	
Your signature below indicates that you understand the conternand that, you understand the statements above and you are with of special education and related services. Additionally, you fur withdrawal of consent and are in agreement with the termination on the date you sign this agreement.	ndrawing your consent for the provision ally understand the consequence of your
Parent/Adult Student Signature	Date
Received by (Admin)	Date