

**RALEIGH COUNTY SCHOOL DISTRICT  
OFFICE OF SPECIAL EDUCATION SERVICES**

**PRIOR WRITTEN NOTICE: REVOCATION OF CONSENT FOR SPECIAL EDUCATION SERVICES**

The purpose of this Notice is to provide the parent/adult student with information to make an informed decision when considering the written withdrawal of consent for special education services and provide information regarding the implications of this decision. While the school considered the continuation of special education services but rejected that option because the parent/adult student revoked consent for special education.

There are many rights and protections offered to special education students that are not available to students in general education. 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 which assess the need for specialized instruction designed to benefit in a public school setting.

I understand that in withdrawing my consent for my child/myself to continue to receive special education carries with it the following implications listed below:

***Place your initials next to each statement to acknowledge that you understand the content of this Notice.***

\_\_\_\_\_ 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 under the Individuals with Disabilities Education Act (IDEA) and will only receive services from general education.

\_\_\_\_\_ I/My child will be educated in all general education classes and will not have the benefit of special education accommodations, modifications, specialized instruction or related services. All instruction will be provided on grade level and I/my child will be held to the same accountability standards as any other non-disabled student.

\_\_\_\_\_ I/My child's educational progress will meet the same promotion/retention standards applicable to general education students.

\_\_\_\_\_ I understand I/my child must meet promotion standards.

\_\_\_\_\_ I/My child will be required to meet all graduation requirements.

\_\_\_\_\_ I/My child will be expected to follow the RCS Code of Student Conduct and will be subject to the same expectations and regular discipline consequences of non-disabled students. If, after dismissal from special education, RCS proposes to discipline me/my child in a manner that involves removal to a disciplinary alternative education program or expulsion and I decide to seek an evaluation to determine eligibility for special education, RCS will be deemed to have no knowledge of my/my child's suspected disability and may implement the discipline pending a new evaluation to determine eligibility.

\_\_\_\_\_ If I/my child have/has already received special education and related services; the District is not required to amend my/my child's education records to remove any references to the receipt of special education and related services because of the revocation of consent.

\_\_\_\_\_ I understand that the provision of any instructional and related services not completed as stated in any previous IEP report shall cease on the date of the signature of this form and will not be provided by the school district. This includes any compensatory services, request for independent education evaluations (IEE), any services agreed to as part of any resolution session agreements, settlement agreements and any services ordered by an impartial hearing officer as a result of any due process hearing that may have been filed.

\_\_\_\_\_ I understand that any future consideration for services in special education will require initiation of the referral process and evaluation of my/my child's current performance levels.

\_\_\_\_\_ I understand that my revocation of parental consent releases RCS from liability for providing a Free Appropriate Public Education (FAPE) under IDEA to myself/my child from the time I revoke consent for special education and related services until the time, if any, that I/my child am/is evaluated and deemed eligible, once again, for special education and related services.

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**Prior Written Notice**  
**Revocation of Consent for Special Education Services**

Should you have questions regarding this *Notice* or need to obtain assistance in understanding special education issues, you may contact the **Raleigh County Schools Special Education Department at 304-256-4555**.

Your signature below indicates that you understand the contents of this *Prior Written Notice: Revocation of Consent for RCS Special Education Services* and that you understand the statements above and are withdrawing your consent for the provision of special education and related services. Additionally, you fully understand the consequence of your withdrawal of consent and are in agreement with the termination of special education services effective five (5) days from the date that you sign this agreement.

<i>Parent/Adult Student Printed Name</i>	<i>Parent/Adult Student Signature</i>	<i>Date</i>
<i>Interpreter Printed Name (if applicable)</i>	<i>Interpreter Signature (if applicable)</i>	<i>Date</i>
<i>School Personnel Printed Name (Required)</i>	<i>School Personnel Signature (Required)</i>	<i>Date</i>
<i>School Personnel Printed Name (Required)</i>	<i>School Personnel Signature (Required)</i>	<i>Date</i>
<i>School Personnel Printed Name (Required)</i>	<i>School Personnel Signature (Required)</i>	<i>Date</i>
<i>Other - Printed Name (Required)</i>	<i>Other - Printed Name (Required)</i>	<i>Date</i>

**Copy** Special Education Eligibility File Folder  
**To :** Parent and/or Adult Student  
County Special Education Department

Revised 8/26/2010