

A Regional Education Agency 2261 Enterprise Dr. Alamosa, CO 81101 (719) 589-5851 www.slvboces.org

**PARENTAL AGREEMENT TO TERMINATE**

**SPECIAL EDUCATION AND RELATED SERVICES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Legal Name of Student SASID Date of Birth Date

Your child has been found to no longer meet the Colorado State Criteria for a student with an educational disability. The team has determined that they are able to access the general education program without special education support. If your child continues to need accommodations within the general education program, they may be referred for consideration for a Section 504 plan. This document is an agreement to end all special education services that are being provided in your child’s IEP.

Dear Special Education Director,

As the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name

I agree that my child no longer needs special education services and can fully access the general education program. They will access their education with same-age peers and receive grade level instruction in all areas.

I have received a copy of my parental rights and understand those rights as afforded to me under IDEA 2004.

\_\_\_\_\_Yes \_\_\_\_\_No

This form will be sent to the Director of Special Education.

I understand that by signing this document, you agree that:

\_\_\_\_\_My child will no longer receive special education and/or related services that are stated in my child’s IEP;

\_\_\_\_\_My child will be considered a general education student and will be held to the same standards and disciplinary procedures as nondisabled students;

\_\_\_\_\_If in the future my child is demonstrating the need for assessment or reconsideration for an IEP, either the school or parent may initiate a new referral.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Parent/Legal Guardian Date

Date agreement received by District/BOCES: \_\_\_\_\_\_\_\_\_\_ PWN sent: \_\_\_\_\_\_\_\_\_\_\_