LELAND SCHOOL DISTRICT REVOCATION OF CONSENT

To:	, Parent	Date Sent:
identification, evaluation, or educa	-	en they propose or refuse to initiate or change the e or refuse to initiate or change the services and Education (FAPE).
child,that, although the Leland School	, to receive special education District believes that your child cont viding these services on	received your written revocation of consent for your and related services. This letter is to inform you inues to need special education and related (date) based on your written
	our decision to terminate services. T	School District cannot use mediation or Due The Leland School District must honor your
educational purposes and will lose with Disabilities Education Act of 2 (FAPE) as defined by IDEA. The L develop an IEP. Your child will be	e all of the protections and procedura 2004 (IDEA). Your child will no longer Leland School District will not recon subjected to all requirements that ap	e considered as a child with a disability for I safeguards afforded to him/her by the Individual be eligible for a free appropriate public education even an IEP meeting, conduct a reevaluation, or ply to general education students including, but not a extracurricular activities, and discipline.
records to remove any references receive special education and rela (as if your child was never a child	of special education and related servited services in the future, an initial cowith a disability). If you do wish to ha	retroactive. The district will not amend your child's vices. However, if you wish to have your child omprehensive evaluation must first be conducted ve your child considered for special education and Education Director to make a request for an initial
I have included the following important Resource list of parent advoca ☐ Procedural Safeguards Notice ☐ Other:	acy groups	
Please contact me if you have any	questions regarding this information	ı .
Sincerely,		
NAME/ROLE	DATE	