

Consent/Objection Model Form

With this form, the school seeks your consent or objection before moving ahead with the proposed actions as stated in the prior written notice dated _____ for the following student _____.

Please complete each of the following steps:

Step 1: Review the school’s proposed actions as described in the Prior Written Notice.

Step 2: Check the box to indicate your consent or objection to the proposed actions.

- Consent:** I agree with the proposed actions.
- Objection:** I do not agree with the proposed actions.

Step 3: Optional: If you checked the “objection” box, briefly explain your reason(s) for the objection.

Please note:

- The school *cannot* carry out an initial evaluation or initial provision of special education services without your written consent.
- For other proposed actions, the school *will* carry out the proposed actions in the Prior Written Notice if you do not object in writing within 14 calendar days (_____).
(month/day/year)
- If you object to the proposed actions, the school must offer a *conciliation conference*. If you prefer, you may request mediation or a facilitated team meeting to resolve disagreements. You or the school may request a due process hearing in order to resolve the disagreements.

Step 4: Sign, date, and return this form.

Parent Signature (or Student if age 18 or older)

Date

Return this form to: _____

This form may be available in other formats. Contact [school contact person] at [phone number and/or email].

School use only:

Date received: _____

Date evaluation due: _____