

PLATTSBURGH CITY SCHOOL
DISTRICT

Special Education Office

49 Broad Street

Plattsburgh, New York 12901



Fortune Ellison

Director of Special Education,

Chairperson Committee on Special
Education & CPSE

518-563-6262 Fax 518-563-5707

REVOCATION OF CONSENT FOR SPECIAL EDUCATION AND RELATED SERVICES

I, parent of (person in parental relationship to [_____], a student in the Plattsburgh City School District who is identified as a student with a disability by the District's Committee on Special Education and currently receiving special education, related services and accommodations as defined on his/her most recent individualized education program, hereby revoke my consent for the continuation of special education and related services to my child. In revoking my consent I understand that:

The District is not in violation of its obligation to offer or provide my child with a free and appropriate public education (FAPE) based on a failure to provide my child with further special education and related services.

The District is relieved of any obligation to convene an individualized education program (IEP) meeting or develop an IEP for my child or to otherwise provide him/her with special education and related services.

Upon the District's receipt of this notice, the District will take immediate steps to discontinue all special education and related services currently provided to my child; and

In the event I wish to have the District consider my child as a child with a disability in the future, I reserve the right to refer my child back to the committee on special education to conduct evaluations, as necessary, to determine, in a manner consistent with Commissioner's regulations, whether my child should be reclassified and if so, to develop an individualized education program (IEP).

CHECK, as appropriate:

_____ I have previously received Notice of the Procedural Safeguards.

_____ I request another copy of the Notice of Procedural Safeguards

Signature: _____

Date: _____

Name: (Print) _____