

Parent Refusal of Special Education Services

Student _____ School _____

Grade _____ Date _____

List specific services being refused by parents:

Reasons for the refusal:

Alternatives discussed:

Team Participants:

Position:

Parent

Please list follow up attempts to inform parents of the services available to their child. (This should occur at least once within a year of the above date and should continue at that same rate until eligibility expires. Attempts should also be documented seeking permission to complete a three year re-evaluation when the current one expires.

Date	Type of Contact	Reason	Result

- Attach this form to the appropriate IEP
- Provide a copy for the file, Parent and District Office