Dear Parent of ______________________________,

The Individualized Education Program (IEP)/Team met on ______________ and has recommended that the child, ________________________, participate in the special education and related services program(s). An Individualized Education Program (IEP) will be developed to meet his/her individual educational needs annually.

________ Yes, I do agree with this placement to receive special education and related services.

________ No, I do not agree with this placement for the following reasons:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________    ______________________________
Parent Signature                       Date

A copy of parent rights may be provided upon request.