

Sonoma County SELPA  
**SIGNATURE AND PARENT CONSENT**

Name \_\_\_\_\_

IEP date \_\_\_\_\_

**IEP Meeting Participants**

Parent/Guardian	Date	Parent/Guardian	Date
LEA Representative/Admin. Designee	Date	General Education Teacher	Date
Student	Date	Special Education Specialist	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date

**CONSENT**

\_\_\_ I agree to all parts of the IEP

\_\_\_ I agree with the IEP, with the exception of \_\_\_\_\_

\_\_\_ I decline the offer of initiation of special education services.

\_\_\_ I understand that my child is NOT eligible for special education.

\_\_\_ I understand that my child is NO LONGER eligible for special education.

Signature below is to authorize and approve the IEP.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent  Guardian  Surrogate  Adult student

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent  Guardian  Surrogate  Adult student

As a means of improving services and results for your child did the school facilitate parent involvement?  Yes  No  
 No response

Parent has received a copy of the Procedural Safeguards  Parent has received a copy of assessment report (if applicable)

If my child is or may become eligible for public benefits (Medi-Cal), I authorize district to access Medi-Cal health insurance benefits for applicable services.

\_\_\_\_\_  
Parent Signature

Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.