

CONFIDENTIAL

Nye County School District
484 S. West St.
Pahrump, NV 89048
(775) 727-7743

**PARENTAL CONSENT FOR INITIAL PROVISION OF
SPECIAL EDUCATION AND RELATED SERVICES**

Student Name: _____ Grade: _____ DOB: _____ ID #: _____

Date: _____

I understand that my child has been found eligible to receive Special Education Support in accordance with the Individuals with Disabilities Education Act (IDEA) and the Nevada Administrative Code (NAC). I hereby authorize _____ to provide special education and related services to my child. My consent is given voluntarily and I understand that I can revoke my consent at any time. Although I can revoke my consent, the revocation will not be retroactive.

I understand that a full continuum of placement options are available and will be reviewed at least annually by the IEP Team. I have had the continuum of placement options and the "Explanation of Procedural Safeguards Available to Parents of Children with Disabilities" explained to me in my native language or other mode of communication. I have also received the procedural safeguards booklet.

Consent Obtained? Yes No

Date Consent Received: _____

Parent/Guardian Signature Date

Principal or Designee (person completing form) Title Signature