

Telephone: 906-863-5665



Fax: 906-863-7776

1201- 41st Avenue
Menominee MI 49858
[Http://mc-isd.org](http://mc-isd.org)

REVOCAION OF CONSENT DOCUMENT CHECKLIST

Student's Name _____ Todays Date: _____

Please complete and forward the below forms to the ISD in the event a parent revokes consent for special education services:

____ Revocation of Consent

____ Notice of Cessation

____ Drop Sheet (Check item 31 -Declassified, parent revoked consent)

Please contact the Special Education Director (863-5665, x1012) with any questions or concerns.

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Revocation of Parental Consent for Special Education Programs and Services

Student Name _____

Student Birth Date _____ Student ID _____

School District _____

I hereby revoke (take back) my consent for the provision of special education programs and services for my child.

- I understand that the school district will promptly provide me with a prior written notice that establishes a specific date when my child's special education programs and services will stop. The prior written notice will explain the changes in my child's placement and programs and services and meet the requirements at §300.503 of the federal Individuals with Disabilities Education Act (IDEA) regulations.
- I understand that once I revoke consent for my child's special education programs and services:
 - My parental rights in special education will end;
 - My child will no longer receive the discipline protections available under the IDEA;
 - The school district is not required to make a free appropriate public education available to my child;
 - The school district is not required to have an individualized education program (IEP) team meeting or develop an IEP for my child.
- I understand that after I revoke consent for my child, the school district is not required to amend my child's records to remove any references to my child's receipt of special education programs and services.

I understand that after I revoke consent for my child, I may subsequently refer my child for special education and request an initial evaluation to determine if my child is a child with a disability who needs special education programs or services.

_____ Date _____

Signature of Parent/Guardian

Please Print Name

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**Notice of Cessation of Special Education Programs and Services
in Response to Revocation of Parental Consent**

Student Name _____

Student Birth Date _____ Student ID _____

School District _____

This notice is to inform you that the school district has received your revocation of consent for special education programs and services for your child. The school district will take the following action(s):

- Your child will no longer be identified as a child with a disability under the Individuals with Disabilities Education Act (IDEA) and the Michigan Administrative Rules for Special Education (MARSE);
- Your child's educational placement will be changed to

- Special education programs and services for your child will end on

(date on which programs and services will end)

Once your revocation is effective, your child will no longer be eligible to receive a free appropriate public education (FAPE) as defined under the IDEA and will no longer be entitled to protections received when identified as a child eligible for special education programs or services. The school district will not be required to convene an individualized education program (IEP) team meeting or develop an IEP for your child.

Your child's records will not be amended to remove references to the receipt of special education programs and services.

After your revocation is effective, you may subsequently refer your child for special education programs and services and request an initial evaluation.

Other considerations or additional information:

A copy of the Procedural Safeguards Notice is enclosed with this notice. Until the date the school district ends programs or services (as specified in this notice), your child have procedural protections under the IDEA. These protections are explained in the Procedural Safeguards Notice.

School District Superintendent or Designee

Date _____

Enclosures: Procedural Safeguards Notice
 Sources for assistance in understanding Part B of the IDEA



Intermediate School District
1201 41st Avenue
Menominee MI 49858
www.mc-isd.org

DROP SHEET

Carney-Nadeau Stephenson Menominee North Central ISD

Please complete this form when a special education student exits your district for any reason.
Complete the information below and send to Menominee County ISD.

Student's Name: _____

Date of Birth: _____

Exit Date: _____

For further information, please see Enrollment Component – District Exit Status in current MSDS Collections Manual.

Exit Reason (check only one):

- _____ (01) – Graduated, general education diploma
- _____ (02) – Graduated, enrolled to degree-granting college or university
- _____ (03) – Graduated with a high school diploma from an alternative program
- _____ (04) – Graduated, enrolled to non-degree grant institution
- _____ (05) – Completed general education with an equivalency certificate (GED)
- _____ (06) – Completed general education with other certificate
- _____ (07) – Dropped out of school
- _____ (08) – Enrolled in another Michigan district: _____
- _____ (09) – Moved out of state
- _____ (10) – Expelled from school (no further services)
- _____ (11) – Enlisted in Military or Job Corps
- _____ (12) – Deceased
- _____ (13) – Adjudicated (incarcerated – see MSDS manual)
- _____ (14) – Enrolled in home school
- _____ (15) – Enrolled in non-public school (use code 8 for PSAs)
- _____ (16) – Unknown (counted as dropout)
- _____ (17) – Placed in a recovery or rehabilitative program
- _____ (20) – Special Education - Certificate of Completion/Fulfillment of IEP received and exited K-12 system
- _____ (21) – Special Education - Reached maximum age and exited K-12 system
- _____ (30) – Exited early childhood or *Early On* program/service (**Please complete Part C Exit below**)
- _____ (31) – Declassified, parent revoked consent
- _____ (40) – Grad Middle College w/ HS Diploma and Associates or Equivalent
- _____ (41) – Grad Middle College w/ HS Diploma only

Early On Only Part C Exit Reason:

- _____ (30) – Age 3, Part B Eligible
- _____ (31) – Age 3, Not Part B Eligible w/ Referral
- _____ (32) – Age 3, Not Part B Eligible w/o Referral
- _____ (34) – Completion of IFSP
- _____ (35) – Deceased
- _____ (36) – Moved within state
- _____ (37) – Withdrawn
- _____ (38) – Unable to contact
- _____ (39) – Moved out of state

Part C Assessment: _____

Signature of District Representative