

LaSalle/Putnam County Educational Alliance for Special Education

1009 Boyce Memorial Drive, Ottawa, IL 61350

Phone/TDD: (815) 433-6433 FAX: (815) 433-6164 Email: lease@lease-sped.org

Date: _____

RE: _____

DOB: _____

Parent/Guardian Notification of Cessation of Special Education Services

Dear: _____,
(Parent/Guardian)

On the basis of your written revocation of consent dated _____ and received on _____, the
(Date) (Date)
IEP placement, services and supports for your child _____ will discontinue effective at the end
(Student's Name)
of the school day on _____. Although _____ will honor your revocation
(Date) (School District Name)
of consent for special education and related services, the IEP team would be willing to meet with you to discuss whatever
concerns you have that led to your decision. If you are willing to consider this option, please contact _____
(Name)
at _____ at your earliest convenience.
(Phone)

We want you to understand the actual and potential consequences of your removal of _____
(Student's Name)
from special education. Once a parent revokes consent for special education placement and services, the district will not
be deemed in noncompliance with the *Individuals with Disabilities Education Act* (IDEA) for failure to provide a free
appropriate public education to an otherwise eligible child. Once removed from special education, your child will be
treated like any other general education student with respect to academic performance and progress, conduct and
discipline at school or school-related activities, and will no longer be able to take advantage of the special protections of
IDEA.

Please review the parents' rights information in the enclosed Parent's Explanation of Procedural Safeguards. If
you wish to discuss any concerns or have questions regarding your rights or this information, please contact:

_____ at _____.
(Name) (Phone)

Sincerely,

(Name/Title)