



Appendix D
Florida Department of Education
Parental Consent Form/Prior Written Notice Student
Placement in an Exceptional Education Center

Student: _____ Date: _____

Student D.O.B.: _____ Parent(s) Name: _____

District: _____ School: _____

I understand that, as a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for my child to be placed in an exceptional student education (ESE) center, except in circumstances when a placement is made in an ESE center school related to specific violations of the district's code of student conduct. An ESE center or special day school means a separate public school to which nondisabled peers do not have access.

I understand that if I indicate "do not consent" below, the _____ County School District may not place my child in an ESE center without a due process hearing and/or appeals process. I understand that if I do not return this form, after reasonable efforts to obtain my consent, the district may proceed with this action.

Based on Section 1003.5715, Florida Statutes, I understand that the school district may not place my child in an ESE center unless they have made documented and reasonable efforts to obtain my consent, and I have failed to respond or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the parent and the school district otherwise agree.

Your consent is being sought because the IEP team has determined that the proposed actions are necessary in order for your child to receive a free appropriate public education. If you refuse to consent to the proposed actions, your child may not receive all the services and supports that the IEP team has determined are needed, which may impact your child's educational progress.

The options considered by the IEP team that were not chosen include

These options were not chosen because they did not:

- ☐ Provide for the type or intensity of instruction and related services as determined necessary by the IEP team
- ☐ Provide for education in the least restrictive environment
- ☐ Other

Other factors that were relevant to the options considered are:

I understand that if I give consent, my child will not participate in an educational setting with nondisabled peers, but will have access to intensive services as determined necessary by the IEP team.

☐ Does consent for placement in an ESE center

_____	_____	_____	_____
Parent signature	Date	Parent signature	Date

☐ Does not consent for placement in an ESE center

_____	_____	_____	_____
Parent signature	Date	Parent signature	Date

As a parent of a student with a disability, you have specific rights and protections that are described in the Notice of Procedural Safeguards for Parent of Students with Disabilities. To receive a copy of the procedural safeguards or for assistance understanding your rights, you may contact:

_____	at _____	OR _____	at _____
(District Designee)	(Telephone/email)	(Alternate contact)	(Telephone/email)

Documentation of attempts to obtain consent:

1. Date Sent/Method Used: _____
2. Date Sent/Method Used: _____