



Parent/Guardian Consent for Special Services

I give my permission for _____ to receive from
(Name of the child)

_____ the following services:
(Name/names of agencies or service providers)

My consent for these services expires: _____

Signature of parent/guardian Date

I **DO NOT** give my permission for special services (**Please check if this is your choice**)

Signature of parent/guardian Date

The purpose of this consent was explained to me. _____ (parent initials)

This consent should not have any corrections after signed. _____ (parent initials)

At the IEP/IFSP meeting