



**Baldwin County School District
Parental Consent for Services**

(Date)

Dear Parent of _____,

The Individualized Education Program (IEP)/Team met on _____ and has recommended that the child, _____, participate in the special education and related services program(s). An Individualized Education Program (IEP) will be developed to meet his/her individual educational needs annually.

_____ Yes, I do agree with this placement to receive special education and related services.

_____ No, I do not agree with this placement for the following reasons:

Parent Signature

Date

A copy of parent rights may be provided upon request.