

**BRANTLEY COUNTY SCHOOLS
SPECIAL EDUCATION**

PARENTAL CONSENT FOR PLACEMENT

This is to certify that I understand that at the Special Education Individualized Education Program (IEP) / Placement Committee meeting held on _____, it
(DATE)

was recommended that _____ participate
(Student's Name)
in the following Special Education program(s) services:

I understand that this recommendation includes all the service needs identified in my child's IEP.

YES, I do agree with this placement.

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

Signature of Parent/Guardian/Surrogate

Date

A Copy of Parental Rights in Special Education is included.