

Revocation of Consent  
Termination of Individualized Education Program

Date

Your Name  
Address  
City, State ZIP  
Daytime Telephone  
email

Name of Superintendent  
Name of School District  
Street Address  
City, State ZIP

Dear (Name of Superintendent):

Pursuant to C.F.R. 34 § 300.300 (b)(4), this letter is to inform you that I hereby revoke my consent for my child, (child's name), to receive any public special education services, if applicable, and terminate any individualized education programs or IEPs. I understand that my decision will result in the termination of all public special education services to my child. I further understand that public services, if applicable, will not end until you have provided me with prior written notice about the termination of special education services.

As such, (child's name) will be considered a student without a disability and will not require preapproval of an individualized program by a teacher with a valid certificate from the Commonwealth to teach special education or a licensed clinical or certified school psychologist, submitted annually with the home education program affidavit per 24 P.S. Section 13-1327(d).

Sincerely,

Your signature

Your name