



## Refusal of Services

COE Number:

Parent Name	
Student Name	
Address	
City, Zip Code	
Name of School	
School District	
Program Advocate Name	

As a member of the Migrant Education Program, you have the opportunity to participate in a variety of services to help you and your children find success academically and within your community. We understand that you do not want to take advantage of these opportunities, or feel that our services have been unsatisfactory. Please let us know why you feel this way.

Please choose from the following options:

- I do not want to participate in a government program.
- I have other concerns regarding sharing my personal information.
- The services offered are not useful to my student(s).
- The services offered are not performed at a satisfactory level.
- Inconsistency in the delivery of services, or lack of follow through.
- I have never been contacted by Migrant Education or invited to participate in services.
- Other: \_\_\_\_\_

Additional Comments:

Management Approval Signature \_\_\_\_\_ Date \_\_\_\_\_