



Consent to End Special Needs Support Services

I withdraw my consent for my child to receive special needs support services. I understand that in withdrawing my support, my child will no longer be able to receive accommodations as outlined in his/her Student Accommodation Plan. I understand that reinstatement of special needs support services is not automatic and could involve obtaining additional assessment documentation.

Reason for ending Special Needs Support Services:

Parent's request

Student no longer needs academic support.

Other: _____

Student: _____ School: _____

Parent Signature: _____ Date: _____