



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Special Education Department
2465 Dolan Way
San Pablo, CA 94806

PRIOR WRITTEN NOTICE - REVOCATION OF CONSENT

Date: _____

To: _____
(Parent/Guardian/Surrogate/Adult Student)

Re: _____
(Name of Student)

Date of Birth: _____

U.S. Mail and Certified Mail, Return Receipt Requested

This letter responds to your letter dated _____, in which you revoked your consent for your child, _____, to receive special education and related services from the West Contra Costa Unified School District. Please consider this the District's response to your request under 34 C.F.R. sections 300.300 and 300.503.

The District believes that _____ continues to require special
(name)
education and related services pursuant to the IEP meeting convened on _____
(date)
and the following information: _____

However, based on the receipt of your written revocation of consent, the District will discontinue all special education and related services for the above named student, ten school days from today.

Please be advised that after _____,
(date) (name)

will become a general education student and will no longer be entitled to the special education and related services, rights and procedural safeguards provided under the Individuals with Disabilities Education Improvement Act of 2004 ("IDEA") and related provisions in the California Education Code. He/she will be treated as a general education student in all respects, including discipline, testing, and graduation, if appropriate. Therefore, we encourage you to consider the possible consequences of removing your child from special education.

Your revocation of consent releases the District from liability for providing your child with a free appropriate public education. If, in the future, you would like your child to receive special education and related services from the District, please contact us. The District will treat such a request as a request for an initial evaluation.

The District would like to meet with you on _____ to discuss your decision
(date)

and its potential impacts. However, you are not obligated to meet with us and any meeting will not delay or deny the discontinuation of special education and related services to your child. Please contact my office at (510) _____ to confirm that you will attend the meeting. If we do not hear from you, we will assume that you do not wish to meet.

I have enclosed a copy of your child's most recent IEP for your reference, as well as a copy of the District's parental rights and procedural safeguards. Please feel free to contact me with any questions you may have at this time. You may also contact the California Department of Education with your questions at P.O. Box 944272, Sacramento, California 94244-2720.

Thank you for your time and careful consideration in this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely, _____

(Name)

(Title)

Enclosures: Parent's written revocation of consent
Notice of Parental Rights and Procedural Safeguards
IEP