

SANTA CLARA COUNTY  
SIGNATURE AND PARENT CONSENT

Name \_\_\_\_\_ IEP Date \_\_\_\_/\_\_\_\_/\_\_\_\_

IEP Meeting Participants

_____ Parent/Guardian	____/____/____ Date	_____ Parent/Guardian	____/____/____ Date
_____ Student	____/____/____ Date	_____ General Education Teacher	____/____/____ Date
_____ LEA Representative/ Admin. Designee	____/____/____ Date	_____ Special Education Specialist	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date
_____ Additional Participant / Title	____/____/____ Date	_____ Additional Participant / Title	____/____/____ Date

CONSENT

- \_\_\_\_ I agree to all parts of the IEP  
 \_\_\_\_ I agree with the IEP, with the exception of \_\_\_\_\_  
 \_\_\_\_ I decline the offer of initiation of special education services.  
 \_\_\_\_ I understand that my child is not eligible for special education.  
 \_\_\_\_ I understand that my child is no longer eligible for special education.

As a means of improving services and results for your child did the school facilitate parent involvement?

Yes  No  No Response

Signature below is to authorize and approve the IEP.

Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent  Guardian  Surrogate  Adult student

Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent  Guardian  Surrogate  Adult student

If my child is or may become eligible for public benefits (Medi-Cal): I authorize the district to access Medi-Cal health insurance benefits for applicable services \_\_\_\_\_

Parent/Guardian Signature

Parent has received a copy of the Procedural Safeguards  Parent has received a copy of assessment report (if applicable)

Parent has received a copy of the IEP

Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.