

**Beacon City School District
Committee on Special Education
10 Education Drive
Beacon, NY 12508
(845) 838-6900**

Committee on Special Education Consent for Special Education Services

I understand that the Committee on Special Education has recommended that my child be classified as a student with a disability and receive special education services. I understand that I must give written consent to the district in order to initiate such services for my child.

I have received and understand the Committee on Special Education recommendation for special education services. I have also received a copy of the Procedural Safeguards Notice that is required by the Individuals with Disabilities Education Act (IDEA).

I hereby grant consent for the special education services recommended by the Committee on Special Education regarding:

Student Name

Student Date of Birth

Parent/Guardian Signature

Date

