

PARENT CONSENT FOR INITIAL PLACEMENT

I, as parent or guardian of \_\_\_\_\_,  
(Child's Name)

[check one]

- authorize  
 do not authorize

his/her placement in a program providing special education and related services in the \_\_\_\_\_  
\_\_\_\_\_  
(Public Agency)

I understand that the need for this placement will be reviewed, in terms of my child's progress, at least annually.

I understand that giving my consent for the above stated purpose is voluntary on my part and may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date