

**EARLY CHILDHOOD SPECIAL EDUCATION  
PARENTAL DECISION FOR NONPARTICIPATION IN  
PRESCHOOL SPECIAL EDUCATION SERVICES**

I, as parent or guardian of \_\_\_\_\_, do not wish for  
(child's name)  
my child to participate in the early childhood special education program at this time. I have received a copy of "Your Rights Under The IDEA." The rights were explained to me, and I was given information about sources available to help me understand these rights and the opportunity to ask questions concerning this document. I also understand that my decision not to accept early childhood special education services at this time will not prevent my child from being considered for these services in the future.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Public Agency Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_