

School Administrative Unit #24

Districts of

Stoddard Henniker Weare John Stark

REFUSAL OF SPECIAL EDUCATION SERVICES

Student:

Date:

DOB:

School:

Grade:

By signing below, I am indicating my desire to discontinue special education services for my child at this time. I understand that the discontinuation of special education is not the recommendation of the School District. I further understand that the School District will consider my signature below as a refusal of special education services, and will place my child on Child Find. As a parent of a student on Child Find I will receive annual notification of my parental rights in special education and a letter from the special education office indicating that, should I change my mind about my current decision, I may contact the special education office to re-initiate the special education process for my child.

At this time I wish to discontinue special education services for my child:

Parent/Guardian/Adult Student/Surrogate Parent

Date

I have received a New Hampshire Special Education Procedural Safeguards Handbook.

Parent/Guardian/Adult Student/Surrogate Parent

Date