

Informed Consent to an Abbreviated School Day

I met with my child, [NAME], IEP Team to discuss my child's individualized learning needs and agree that my child will be placed on an abbreviated school day program beginning on [DATE]. Before I decided to consent to this placement, each of the following things happened (*Please initial next to each statement*):

- I was told that my child has a right to attend school for the same number of hours as the majority of other students in the same grade as my child in the same school district. ____
- I was told that the school district can't make a decision to restrict my child's access to fewer school hours than nondisabled peers in the same grade without my written consent. ____
- I was told that the school district is prohibited from suggesting a shorter school day for my child because of staffing, budget, training, transportation or facility issues. ____
- I was not asked to consider an abbreviated school day program before discussing all of my student's individualized education needs and goals. ____
- I was not asked to consider an abbreviated school day program until after we discussed at least one other available option that would allow my child to attend school full time with appropriate supports and services. ____
- The IEP team wrote clear goals for my child, and I understand what instruction and education services the district will provide, where they will be provided and how many hours will be provided. ____
- We have identified the reason my child is on an abbreviated school day and how we will address the needs required to return my child to school full time. We've written this clearly in the IEP. ____
- Our team has set a goal to return my child to full time school by [DATE].. ____
- I understand that during the abbreviated school day placement, the IEP team will meet more frequently. We will have our first meeting about 30 days after this placement begins. ____
- At the first meeting, I will have the opportunity to decide how often I want to meet with the IEP team about the abbreviated school day program. The team will meet every 30 days unless I agree in writing to meet less frequently. I understand that we must meet at least once every 90 days while my child is on an abbreviated school day program. ____
- I understand that if I agree to meet less often than every 30 days, I can request a meeting at any time and the district must convene the meeting within 14 calendar days of receiving my written request. ____
- I understand that I can revoke my consent at any time. If I submit that revocation in writing, the school district is required to return my child to a full time school program within 5 school days. I am not required to attend or request a meeting before revoking consent. ____
- The school district has provided me with information about how to submit a written request for a meeting or a written statement to revoke consent. ____

I consent to my child, [NAME], placement on an abbreviated school day program beginning on [DATE]. with an expected return to full time school by [DATE]. I am signing this consent voluntarily and I know that I may revoke my consent at any time.

Signed

Dated

