504 Revocation of Services Form

(Date)

(Name(s) of parent(s) or guardian(s) of student with a disability/adult student with a disability]

(Address)

 **RE:** **Notice of Proposal to Dismiss and to Discontinue Section 504 Services Due to Receipt of Written Revocation of Consent**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

The purpose of this notice is to provide prior written notice pursuant to 34 C.F.R. §§ 300.503 of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_intent to discontinue all Section 504 and related services to:

 (name of public agency)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Though (name of public agency) believes that you/your child remain(s) eligible for Section 504 services, the proposed discontinuation of services is based exclusively on your previously provided written revocation of consent. Because of your written revocation of consent, we did not consider any other options for placement.

This notice is provided also to inform you, the parent of a student with a disability/adult student with a disability, of the implications of your decision to revoke consent for the continued provision of special education services. Section 504 means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability. Students are eligible for Section 504 services if they have a mental or physical impairment that substantially limits major life activities. Written notice of your/your child’s eligibility and the Section 504 and related services proposed for you/your child already has been provided in your copies of educational records, such as those provided during your Section 504 meeting participation, evaluation reports and the complete Section 504 Plan document. If you need additional copies of any of these important documents, please ask your student’s case manager.

Along with Section 504 and related services as specified in your /your student’s most recent Section 504 Accommodation Plan, there are many rights and protections under Section offered to students that are not available to students in general education. As a result of your written revocation of consent for you/your child to continue to receive Section 504 and related services, (name of public agency) will discontinue serving you/your child under IDEA including as follows:

 You/Your child will no longer be identified as a child with a disability.

 You/Your child will no longer have a Section 504 Accommodation Plan.

 You/Your child will no longer receive any Section 504 or related services, including modifications and accommodations that were previously included in the Section 504 Accommodation Plan.

 You/Your child will only be entitled to the accommodations that are available to non- disabled children under relevant State standards.

You/Your child will no longer be entitled to discipline protections for students with a disability. You/Your child will be subject to , (name of public agency) 's Student Code of Conduct and will be disciplined as a general education student.

 You/Your child will be required to meet all general education standards for grading, promotion/retention, and graduation.

Any Section 504 and related services stated in any previous Section 504 Accommodation Plan, settlement agreement, mediation agreement, administrative or court order, or any other agreement will not be provided.

The revocation of consent releases (name of public agency) from all requirements to provide a free and appropriate public education to you/your child from the time you revoke consent until the time, if any, that you/your child is evaluated and deemed eligible as a student with a disability and you/your child provide consent again for placement and the provision of special education and related services.

You/your child has protection under the procedural safeguards of Section 504. If you would like a copy of a description of the procedural safeguards, assistance understanding the relevant Section 504 related laws, or if you have questions regarding this Notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Public Agency Representative Date

Name and Title