

DATE OF ARD:

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

AMARILLO, TEXAS

**ARD/IEP SUPPLEMENT
CONSENT FOR INITIAL PLACEMENT**

Student _____ Age _____ Sex _____ Birthdate _____

School _____ Grade _____ Social Security Number _____

Parent's Name _____ Home Phone _____

Home Address _____

Check all that apply.

YES NO I have been fully informed and understand the admission, review, and dismissal (ARD) committee report, dated _____, that has been prepared for my child/me.

YES No I understand and agree with the ARD committee's decision and give my permission for the educational placement that has been proposed for my child/me.

YES NO I understand that my consent for placement is voluntary and may be revoked at any time. However, if I revoke consent after initial placement, my child's/my placement will not change unless:
(a) the school and I agree otherwise (following ARD committee procedures), OR
(b) a due process hearing resolves the dispute.

Your rights have been explained to you as part of the process of referral for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. A copy of the procedural safeguards (rights) is included with this form. Date given: _____ To: _____

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

DATE

SIGNATURE OF INTERPRETER, IF USED

DATE