

**Florida Department of Education  
Parental Consent Form  
Student Placement in an Exceptional Education Center**



Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student D.O.B.: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_  
 District: \_\_\_\_\_ School: \_\_\_\_\_

I understand that, as a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for my child (or myself, if I am an adult student) to be placed in an exceptional student education (ESE) center, except in circumstances when a placement is made in an ESE center school related to specific violations of the district's code of student conduct. An ESE center or special day school means a separate public school to which nondisabled peers in grades kindergarten through 12 do not have access.

Based on Section 1003.5715, Florida Statutes, I understand that the \_\_\_\_\_ County School District may not place my child in an ESE center unless I have provided written consent on this form; or the district has made documented and reasonable efforts to obtain my consent and I have failed to respond; or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the school district and I otherwise agree.

My consent is being sought because the IEP team has determined that the proposed action is necessary in order for my child to receive a free appropriate public education. If I refuse to consent to the proposed actions, my child may not receive all the services and supports that the IEP team has determined are needed, which may impact my child's educational progress. I understand that if I give consent, my child will not participate in an educational setting with nondisabled peers, but will have access to intensive services as determined necessary by the IEP team. This consent will remain in effect until the next annual IEP review or until the next IEP meeting when ESE center school placement is specifically addressed, whichever event occurs first.

I consent for placement in an ESE center.

\_\_\_\_\_  
 Parent signature                      Date                      Parent signature                      Date

I do not consent for placement in an ESE center.

\_\_\_\_\_  
 Parent signature                      Date                      Parent signature                      Date

As a parent of a student with a disability, you have specific rights and protections that are described in the *Notice of Procedural Safeguards for Parents of Students with Disabilities*. To receive a copy, or for assistance understanding your rights, you may contact:

\_\_\_\_\_ at \_\_\_\_\_ OR \_\_\_\_\_ at \_\_\_\_\_  
 (District designee)                      (Telephone/email)                      (Alternate contact)                      (Telephone/email)

Documentation of attempts to obtain consent:

1. Date Sent/Method Used:
2. Date Sent/Method Used: