



Florida Department of Education
Parental Consent Form

Instruction in the State Standards Access Points Curriculum and
Statewide, Standardized Alternate Assessment

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 provided instruction in the state standards access points curriculum and to be administered the statewide, standardized alternate assessment (if applicable, based on my child's grade level).

Based on Section 1003.5715, Florida Statutes, I understand that the _____ County School District may not provide instruction in the state standards access points curriculum and administer the statewide, standardized alternate assessment unless I have provided written consent on this form; or the school district 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 the 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 actions are 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 may receive instruction within the general education setting based on his or her IEP but the instruction received may not prepare my child for some postsecondary opportunities such as enrollment in a degree-seeking college program or enlistment in the military. I understand that, if my child entered grade 9 prior to the 2014-2015 school year, instruction in access points and participation in the statewide, standardized alternate assessment may result in the attainment of a special diploma which may impact access to future opportunities such as enrollment in a degree-seeking college program or enlistment in the military. This consent will remain in effect until the next annual review of the IEP, or until the next IEP meeting if instruction in state standards access points curriculum and administration of the statewide, standardized alternate assessment are addressed, whichever event occurs first.

[] I consent for the provision of instruction in the state standards access points curriculum and administration of the statewide, standardized alternate assessment (if applicable, based on my child's grade level).

Parent signature _____ Date _____ Parent signature _____ Date _____

[] I do not consent for the provision of instruction in the state standards access points curriculum and administration of the statewide, standardized alternate assessment (if applicable, based on my child's grade level).

Parent signature _____ Date _____ Parent signature _____ Date _____

If you sign "I do not consent," within ten school days, the school district must develop and implement new instruction and assessment procedures in accordance with a new IEP or must request a due process hearing.

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, 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: _____