

**DETERMINATION AND NOTICE OF PLACEMENT:  
CONSENT FOR INITIAL PLACEMENT  
Form P-1 (Rev. 05/2019)**

\_\_\_\_\_ **SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact \_\_\_\_\_ at \_\_\_\_\_.]*

**Date of the placement determination:** \_\_\_\_\_

**Date parent(s) provided with notice of placement and IEP:** \_\_\_\_\_

Name of student: \_\_\_\_\_

Dear \_\_\_\_\_

The IEP developed on \_\_\_\_\_ will be implemented at \_\_\_\_\_ in the \_\_\_\_\_ School District/City, with a projected date of implementation on \_\_\_\_\_.

Will the child attend the school they would attend if nondisabled?

Yes  No, *(If no, explain):*

List other options considered, if any, related to the placement site (school building or school district), frequency, location, and duration of the special education and related services, supplementary aids and services, program modifications and supports, and the place of those services. List the reason(s) rejected, and description of any other factors relevant to the proposed action:

None

You previously received a copy of your child's evaluation report and a copy of their IEP is enclosed.

A copy of your child's evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_ at \_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_  
Name and Title of District Contact Person

**PARENT CONSENT/PERMISSION FOR INITIAL PLACEMENT**

Before the school district can provide special education to your child as described in their IEP your written consent (permission) is needed. Your consent is voluntary and can be revoked prior to the initial provision of special education. You can also revoke consent in writing for your child’s receipt of special education services after the child is initially provided special education and related services.

I understand the action proposed above and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

I give my consent for my child \_\_\_\_\_ to receive special education services.

I do not give my consent for my child \_\_\_\_\_ to receive special education services.

{I understand that if I refuse to give my consent for my child to receive special education services the school district is not required to convene an IEP meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child.}

\_\_\_\_\_  
Signature of parent, legal guardian, or adult student

\_\_\_\_\_  
Date