

SPECIAL EDUCATION  
WENATCHEE SCHOOL DISTRICT

**PARENT CONSENT**

Dear \_\_\_\_\_,  
(Parent, Guardian, Surrogate Parent, Adult Student)

During a recent meeting a decision was made regarding your child, \_\_\_\_\_,  
(first & last names)

\_\_\_\_\_, which requires your written consent before we  
Birthdate School  
can proceed. The attached written notice explains how this decision was reached.

Please indicate whether you **do**  **do not**  give consent for initial evaluation of your child.

By giving consent you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive; and (4) if you refuse to give consent, the district may request mediation or a due process hearing in order to override your refusal.

\_\_\_\_\_  
Parent/Guardian/Surrogate Parent/ Adult Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Surrogate Parent/adult Student Signature

\_\_\_\_\_  
Date

A full explanation of your procedural safeguards is to be provided to you when your child is referred for evaluation and prior to each reevaluation. If this request is for initial placement in special education, you will not be provided with a notice of procedural safeguards unless you request one from the school district's special education director. If you have any questions about this request for your consent, please call **663-7117**.

Attachments : NOA/Procedural Rights

**MEDICAID ELIGIBILITY**

The Wenatchee School District is required to submit claims for health-related services provided to special education students, or students referred to special education. These services include physical therapy, occupational therapy, speech/language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's Individualized Education Plan (IEP).

**I do** give consent to verify Medicaid eligibility with DSHS

**I do not** give consent to verify Medicaid eligibility with DSHS.

\_\_\_\_\_  
Parent/Guardian/Adult Student/Surrogate Parent