

Wenatchee School District
SPECIAL EDUCATION DEPARTMENT
112 South Elliott
Wenatchee, WA 98801
663-7117

**REQUEST FOR PROGRAM TERMINATION
FOR CHILDREN CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES**

Student: _____
Birthdate: _____
School: _____
Date: _____

1. School District's Decision to Terminate Special Education Services:

Explanation:

I have had explained to me in my primary language the District's recommendations regarding termination of the Special Education program for my child. I understand that:
-goals have been met and the student is no longer in need of Special Education services, or;
-the student has met graduation requirements, or;
-the student has reached the age of twenty-one and is no longer eligible for special education services (WAC 392-172-030).

I approve of this decision. _____
Signature of Parent/Guardian Date

I do not approve of this decision and understand that I have the right to appeal the decision to the School Board.

Signature of Parent/Guardian Date

II. Parent/Guardian's Decision to Terminate Special Education Services:

Explanation:

I have had my child's placement and program, and my right as a parent explained to me in my primary language. I no longer concur with the District's current services/placement and wish the Special Education services to be terminated.

Signature of Parent/Guardian Date