

PARENTAL CONSENT FORM

To comply with the requirements of Education Article §8-405(f)

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

IEP Team Meeting Date
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 1. The individualized education program (IEP) team proposes to (select all that apply):
[ ] Enroll the child in an alternative education program that does not issue or provide credits towards a Maryland High School Diploma;
[ ] Identify the child for the alternative education assessment aligned with the State’s alternative curriculum; and/or
[ ] Include restraint or seclusion (circle one or both) in the IEP to address the child’s behavior as described in COMAR 13A.08.04.05.
2. If the IEP team has proposed any of the actions above, then the IEP team must obtain written consent from a parent.
3. If the parent does not provide written consent at the IEP team meeting, then the IEP team must send the parent written notice of their consent rights no later than five (5) business days after the meeting. If the parent is at the meeting, the notice may be hand delivered to avoid delay.
4. If the parent refuses to consent to any of the actions proposed, the IEP team may use dispute resolution (mediation or due process) to resolve the matter.

NOTICE TO PARENT:

- 1. You have the right to either consent to OR refuse to consent to any of the actions proposed by the IEP team above.
2. If you do not provide written consent OR a written refusal within fifteen (15) business days of the IEP team meeting, the IEP team may implement the proposed action.
3. The deadline for you to respond starts from the date of the IEP team meeting at which the action was proposed. See the other side of this form to provide your written consent or a written refusal – and return it before the deadline.

Parent Response Deadline
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Written Consent**

I, \_\_\_\_\_, on behalf of my child, \_\_\_\_\_,  
(Parent Name) (Child Name)

hereby **AGREE** to allow the individualized education program (IEP) team to implement the following proposed actions (*select all that apply*):

- Enroll the child in an alternative education program that does not issue or provide credits towards a Maryland High School Diploma;
- Identify the child for the alternative education assessment aligned with the State’s alternative curriculum; and/or
- Include restraint or seclusion (*circle one or both*) in the IEP to address the child’s behavior as described in COMAR 13A.08.04.05.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Written Refusal**

I, \_\_\_\_\_, on behalf of my child, \_\_\_\_\_,  
(Parent Name) (Child Name)

hereby **DO NOT AGREE** and refuse to allow the individualized education program (IEP) team to implement the following proposed actions (*select all that apply*):

- Enroll the child in an alternative education program that does not issue or provide credits towards a Maryland High School Diploma;
- Identify the child for the alternative education assessment aligned with the State’s alternative curriculum; and/or
- Include restraint or seclusion (*circle one or both*) in the IEP to address the child’s behavior as described in COMAR 13A.08.04.05.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_