MANCHESTER PUBLIC SCHOOLS
REVOCATION OF CONSENT FOR SPECIAL EDUCATION EVALUATION

To: _____ _____
Administrator/Supervisor Manchester Public School

I hereby revoke my permission to allow the Manchester Public Schools to evaluate my child:

_____ _____
Student Name Date of Birth

for determining eligibility as discussed at the Planning and Placement Team meeting held on:

_____
PPT Meeting Date

I have discussed this revocation with the Manchester Public School staff and I fully understand that as a result of this revocation, my child will be held to the same academic and behavioral standards as a student that does not qualify for Special Education services under the guidelines of IDEA.

Signature of Parent, Guardian, or Student of Legal Age	Date

Manchester Public Schools Representative	Date Received