### **IOS ANGELES UNIFIED SCHOOL DISTRICT** POLICY BULLETIN

Attachment B

#### MEMBERS OF THE BOARD

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#### LOS ANGELES UNIFIED SCHOOL DISTRICT ADMINISTRATIVE OFFICES

DIVISION OF SPECIAL EDUCATION 333 South Beaudry Avenue, 17<sup>th</sup> Floor Los Angeles, California 90017 Telephone: (213) 241-6701 | Fax: (213) 241-6842

#### ANTHONY AGUILAR

Chief of Special Education, Equity and Access Division of Special Education

AUSTIN BEUTNER Superintendent

Date

Student (or Parent if Student is under age 18) Street Number City, State ZIP

Dear Student (or Parent if Student is under age 18),

Our records indicate that you are currently eligible for special education services and reside within Los Angeles Unified School District (LAUSD) boundaries. Students with disabilities qualify to receive special education services until age 22 or until earning a high school diploma, whichever comes first. Currently you have selected to enroll in LAUSD's Division of Adult and Career Education (DACE) which is not the placement offered in your most recent Individualized Education Program (IEP).

If you would like to continue receiving special education services, an IEP team meeting will be held to determine the appropriate placement and supports to address your educational needs. Please indicate that you would like us to schedule an IEP team meeting on the form attached and give it to the Assistant Principal of Adult Counseling Services at your Adult School so that we may assist you with arranging for an IEP team meeting as soon as possible. If we do not receive a response within 30 days, an IEP will be scheduled.

OR

If you would like to voluntarily exit from special education and have read the attached prior written notice, indicate that you would like to voluntarily revoke consent on the enclosed form and give it to the Assistant Principal of Counseling Services at your Adult School. Upon receipt of the signed revocation, the District will discontinue all special education and related services after 15 days.

If you have any questions or require additional assistance to understand these options, please call your Local District office.

Sincerely,

Aaron Jeffery Director, Instruction

Enclosed: *Request for Student with IEP to Enroll in Adult Education* form, including a request for IEP or revocation of consent for special education



Request for Student with IEP to enroll in Adult Education

Attachment B

## Please select only one box below, print neatly and drop this form off at the office of your Adult School of attendance:

Please schedule an IEP team meeting for		, Birth Date:,	
	<u>.</u>	Student Name Month/Day/Year	
igned			
•	Signature	Relationship	
n Today's Date			
Today's Date	Phone number	Address	
		OR:	
I have reviewed the price	prwritten netice provided below	wand wich to voluntarily revolve concent for:	
		w and wish to voluntarily revoke consent for:	
		Dirth Data	
	Student Name	, Birth Date:, Month/Day/Vear,	
	Student Name	, Birth Date:, Month/Day/Year	
		Month/Day/Year	

In response to your request to revoke consent for special education and related services, the District is required by the federal law, Individuals with Disabilities Education Act (IDEA), and its regulations to provide this prior written notice before ceasing the provision of special education and related services. Based on your voluntary revocation of consent, the District will discontinue all special education and related services fifteen (15) calendar days from the receipt of your revocation. After that date, the services and educational supports agreed to in the Individual Education Program (IEP) will no longer be provided. These include, but are not limited to the placement and services in the last IEP. If you need a copy of that IEP please contact Records at <a href="mailto:sec-operations@lausd.net">sec-operations@lausd.net</a> or by calling 213-241-6701.

Please be aware that the student will become a general education student and will no longer be entitled to the special education and related services and/or protections under the IDEA and related provisions of the California Code of Education. The student will be treated as a general education student in all respects, including in the event of any disciplinary action.

Should you wish to receive a copy of the LAUSD's Procedural Rights and Safeguards Notice (entitled *A Parent's Guide to Special Education Services*) it may be found at any LAUSD school or through a link on LAUSD's online website at <u>https://achieve.lausd.net/sped</u>. It is available in various languages.

Your revocation of consent releases the District from responsibility for providing your child with a free appropriate public education under the IDEA. You can still contact your adult education school for a Section 504 plan, which will consider the need for disability-based accommodations. If, in the future, you wish to reconsider special education and related services, you may contact staff at your adult education school with your request for evaluation and identification up until the student's 19<sup>th</sup> birthday.

Parents and guardians of a child with a disability have rights and protections under IDEA and its implementing regulations. You can contact the California Department of Education (<u>www.cde.ca.gov</u>, <u>specedinfoshare@cde.ca.gov</u>, 916-445-4613) should you require assistance in understanding rights and procedural protections. You may also contact: LAUSD SELPA, Los Angeles Unified School District, 333 South Beaudry Ave, Los Angeles, CA 90017, Phone: (213) 241-6701.



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Date received:	Adult School Name:		
Contact at Adult School:			
	Name	Phone Number	
Email			

Uverification of student's address in LAUSD jurisdictional boundaries if requesting an IEP meeting

Adult School staff: Note that completed form is to be submitted to the Special Education Administrator at the Local District and uploaded to Welligent under "Scanned Documents."