



DAVIESS-MARTIN

SPECIAL EDUCATION COOPERATIVE

Director **Chad Ballengee** · Assistant Director **Kara Hoffman**
Coordinator **Kim Wesner** · Treasurer **Nettie Mandujano** · Office Manager **Leann Nalin**
Psychologists **Tracy Dorsett** □ **Lori Morton** □ **Jane Haggard**

P.O. Box 637 Washington, IN 47501 · (812) 254-1530 · Fax (812) 254-1636

Withdrawal from Special Education Services

Student Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Date of Withdrawal: _____

Parent/Guardians please initial the appropriate statements below:

_____ I have been provided with Indiana's Special Education Procedural Safeguards and Parental Rights.

_____ I am waving my right to request an exit evaluation/reevaluation.

_____ I am withdrawing my son/daughter from special education services.

_____ I intend to provide home schooling for my child.

_____ I intend to enroll my child in a private school.

_____ I intend to enroll my child in another public school.

_____ Other (explain) _____

Parent/Guardian Signature: _____

Date: _____

Please return this form to the DMSEC Central Office.