Mississippi Department of Human Services/Division of Youth Services
Consent for Placement for Special Education Services

This form is completed when the student is initially placed into special education services. A copy of the original consent for placement may be used to continue services in a MDHS/DYS facility if this is obtained from the student's previous school district. If the original consent is not available, the parent is asked to sign a Replacement Consent form.

Check one: _____ Initial
_____ Replacement Consent

Name of Facility: _____ Date: _____

This is to certify that I was invited to participate in the development of the Individual Education Program (IEP) for my child, _____. I understand that it is recommended she/he participate in special education services. I understand that this recommendation includes all the service needs identified in my child's Individual Education Program (IEP).

I have received a copy of the items checked below:

____ Procedural Safeguards
____ Individual Education Program including IEP minutes
____ Evaluation Reports
____ Assessment Team Reports

_____ Yes, I do agree with this placement.
_____ No, I do not agree with this placement for the following reasons:

_____
_____
_____
_____
_____

_____ _____
Signature of Parent/Guardian/Surrogate Date

Student's Date of Birth: _____

Identification Number: _____