



West Valley School District #208
Special Services
1000 South 72nd Avenue
Yakima, WA 98908
Tel: 509 965 2080

**REFUSAL TO GIVE CONSENT FOR PLACEMENT IN THE
HOMEWORK COMPLETION PROGRAM REGARDING STUDENTS
WHO HAVE AN IEP OR A 504 PLAN**

Today's Date: _____ IEP/504 Plan Date: _____

To: _____ Re: _____
Parent(s)/guardian(s)/adult student *Student's name*

By signing below, you are acknowledging that:

1. your child has a(n) 504 Plan IEP;
2. the district will not provide access to the after-school Homework Completion program for your child;
3. your student's non-participation in the Homework Completion program does not constitute a denial of access to a program available to all students on the part of the school district;
4. this refusal to give your consent for placement will become part of your child's 504 Plan or IEP and will be subject to all the rules pertaining to that 504 Plan or IEP.

I refuse to give my consent for my child to participate in the Homework Completion program.

Parent/guardian/adult student signature

Date

witness

Date