

# SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT

## Notice for Exit of Special Education: AGE OUT

The *Individuals with Disabilities Education Act* (IDEA) mandates that the district provide written notice to the parent when the district proposes to initiate or change the educational placement of the child; or when the district refuses to initiate or change the educational placement of the child.

Student's Name \_\_\_\_\_ District: \_\_\_\_\_ Birth date: \_\_\_\_\_

Dear  Parent/Guardian and Student **OR**  Parent and Student who has reached Age of Majority.

You are receiving this notice because: The student will turn age 26 on (date) \_\_\_\_\_ and will be exiting this school district special education programs and services as of (date of exit) \_\_\_\_\_.

You are receiving this notice because: The student has turned age 26 on (date) \_\_\_\_\_ and will be exiting this school district special education programs and services as of (date of exit) \_\_\_\_\_.

Option Considered but Not Selected	Reason Not Selected

If no other options were considered, write "none" above.

The Procedural Safeguards Notice you received when the district requested your consent for the initial evaluation describes protections under the IDEA. The Procedural Safeguards Notice is also available at [http://www.michigan.gov/mde/0,4615,7-140-6598\\_36168-188305--,00.html](http://www.michigan.gov/mde/0,4615,7-140-6598_36168-188305--,00.html).

The following sources are available to assist you in understanding your rights: Shiawassee Regional Education Service District: (989) 743-3471 or (800) 743-3471, [www.sresd.org](http://www.sresd.org); Michigan Special Education Mediation Program: (517) 485-2274 or 1-800-8RESOLVE, <https://msemp.cenmi.org/>.

\_\_\_\_\_  
*Signature of Superintendent or Designee*

\_\_\_\_\_  
*Date*

Method of Notice Delivery:

Date Notice Delivered:

Notice Delivered By:

