# **Educational Services Non-Participation Form**

**Non-participation in Special Education and Related Services (over 18-Sample)**

I       am       years of age. I understand that all rights afforded to the parent or parents under the Individuals with *Disabilities Education Act* (*20 USC, Section 1400 et seq.*) transfer to the student upon the age of majority (age 18).

1. I understand that I am eligible to receive special education and related services (*8 VAC 20-81-100 A 1*).
2. I understand that I have a right to a free appropriate public education until my 22nd birthday (*8 VAC 20-81-100 A 1*).
3. I choose not to participate in the K-12 education programs including special education and related services.
4. I understand that at any time during my stay at      . I can choose to participate in and receive special education and related services.

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*Student Signature Date*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**  **\_\_\_\_**

*Jail Education Coordinator/Designee Date*