



Parental Consent Form
Instruction in Access Points - Alternate Academic Achievement Standards (AP-AAAS)
and Administration of the Statewide, Standardized Alternate Assessment

Student: _____ Date: _____
 Student D.O.B.: _____ District: _____
 Parent(s) Name: _____ School: _____

As a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for “the student” (my child **or** myself, if I am 18 years of age or older and rights under IDEA have not been transferred) for instruction and participation in assessments aligned with Florida’s Access Points-Alternate Academic Achievement Standards (AP-AAAS).

By signing below, I am indicating my understanding of the following:

- AP-AAAS identify the most important grade-level academic content for students with the most significant cognitive disabilities and are aligned with general education standards, but at reduced levels of complexity.
- The statewide, standardized alternate assessment is for students whose participation in the general statewide assessment program is not appropriate, even after all allowable accommodations and supports, including all allowable assistive technology, have been tried and found unsuccessful.
- Instruction in and assessment based on AP-AAAS **may affect a student’s future and reduce opportunities for a student’s employment, military service, or future education and training after graduation.**
- Students participating in AP-AAAS courses will take a statewide assessment based on alternate standards. These courses are setting neutral, which means that they may be taught in a general education classroom or an ESE classroom based on the IEP team’s decision regarding the student’s needs.
- Based on section 1003.5715, Florida Statutes, a school district, named below, **may not** provide instruction in AP-AAAS and administer the statewide, standardized alternate assessment unless:
 - I have provided annual written consent on this form; or
 - The school district documented multiple, reasonable efforts to obtain my consent, and I have failed to respond; or
 - The school district obtained approval through a due process hearing and appeals process.
- This consent will remain in effect until the next annual review of the IEP, or until the next IEP meeting if instruction in AP-AAAS and administration of the statewide, standardized alternate assessment are addressed, whichever event occurs first.

Please select one of the following:

I consent to:

- The provision of instruction in AP-AAAS; and
- The administration of the statewide, standardized alternate assessment (if applicable, based on the student’s grade level).

Parent/Student Signature: _____ Date: _____

I **do not** consent to:

- The provision of instruction in AP-AAAS; and
- The administration of the statewide, standardized alternate assessment (if applicable, based on the student’s grade level).

Parent/Student Signature: _____ Date: _____

If you selected “I **do not** consent,” then within 10 school days, the school district must develop and implement new instruction and assessment procedures in accordance with a new IEP **or** must request a due process hearing.

You have specific rights and protections that are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. To receive a copy or for assistance understanding your rights, contact your local school district.

District Name: _____ District Contact: _____

Documentation of attempts to obtain consent (District Use Only):

Date and Method	Date and Method	Date and Method