

Alpena-Montmorency-Alcona Educational Service District
Parent/Guardian/Surrogate/Student of Age Consent

GRADUATION CERTIFICATION FORM

Student: _____

Is there a need to evaluate this student prior to making a decision about graduation and termination of special education programs and services?

YES NO If YES, adjourn and convene a Team Evaluation Planning Meeting.

It is the recommendation of the IEP team that the above named student:

- Continue with special education program/services and not graduate at this time.
 Graduate as of (date) _____ This terminates special education eligibility for all programs and services from the public school.

Signature of District Representative

Date

IEP Team Signatures:

Agreement: YES NO

General Education Teacher

Agreement: YES NO

Special Education Teacher

Agreement: YES NO

Multidisciplinary Evaluation Team Member

Agreement: YES NO

ESD Transition Staff

Agreement: YES NO

Other (Name and Title)

Agreement: YES NO

Other (Name and Title)

*** Any IEP Team member NOT agreeing with the decision must complete a minority opinion report to be attached to this decision.

Parent/Guardian/Surrogate/Student of Age Consent

I (1) understand the graduation decision reached by the IEP Team, (2) have received a copy of the "Working Together" Booklet that informs me of all procedural safeguards and sources to contact to obtain assistance if needed, and...

I agree with the IEP Team Graduation Decision

I do NOT agree with the IEP Team Graduation Decision but will allow it to be implemented.

I do NOT agree with the IEP Team Graduation Decision and request mediation.

I do NOT agree with the IEP Team Graduation Decision and request an impartial due process hearing.

Signature of Parent/Guardian/Surrogate or Student of Age

Date