

Virginia Department of Education
Office of Career, Technical, and Adult Education Services
P. O. Box 2120
Richmond, Virginia 23218-2120

Disclosure of Program Components Form

We have read the attached plan and agree with the program components:

Name of student: _____

Date: _____

Members of meeting present:

_____ PRINCIPAL OR DESIGNEE

_____ STUDENT

_____ PARENT/GUARDIAN

_____ PARENT/GUARDIAN

_____ SPECIAL EDUCATION

_____ GUIDANCE COUNSELOR

_____ OTHER

PARENTAL CONSENT FORM

I/we _____ understand the components of the Individual Student Alternative Education Plan and agree that this program is in the best educational interest of the student.

- Failure to comply with all parts of the ISAEP is a violation of the compulsory attendance law and criminal action may be taken.
- All parties involved will be regularly informed of the student's progress.
- Parents will be involved in any changes to the plan.
- My child can re-enroll in the regular school program at any time.