

AUTHORIZATION FOR EDUCATIONAL DECISIONS

Date Received: _____

I hereby certify that I am the Parent/Legal Guardian of _____ and have all legal rights to make educational decisions regarding this student.

Please choose either option A or B and sign on appropriate line. If you choose Option B, both you and your representative must sign below.

A. I will assume responsibility for signing all documents required for the above named student.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

B. I will delegate the responsibility for signing all documents required for the above named student to:

Name _____

Address _____

City/State/Zip _____

Phone _____

This representative shall have full parental authority in matters relating to: participation in the Student Study Team Process and/or special education process including the identification and assessment, instructional planning and development, educational placement, review and revising of an Individual Education Program (IEP), utilization of procedural safeguards, and other matters relating to the provision of a free, appropriate public education for my son/daughter. This representative shall also have full authority to participate in the District's disciplinary Administrative and/or Expulsion Hearing process.

This appointment shall remain in effect until any of the following occurs:

1. The parent/guardian notifies the Special Education Director or Principal at the school of my student's attendance that this appointment is withdrawn. (A parent with legal custody may do this at any time.)
2. The representative is no longer willing or able to carry out his/her responsibilities for my son/daughter.
3. The representative develops a conflict of interest in the above matters.
4. The student no longer resides in the licensed children's institution or foster home owned or operated by the above representative.

Signature of Parent/Legal Guardian

Date

Signature of Representative

Date