

Educational Representative After Attainment of Age 18
 State of Delaware
 ___ School District / Charter School
 (302) ___ - _____



Student Information

Student Name:	Date of Birth:
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Discussion with Student: A staff member, who is a member of the IEP team, must discuss this form and process with the student in advance of this meeting. Please document the date(s) that this occurred and the staff member who initiated the discussion:

IEP Team Sequential Review

I. Does the student have a court appointed legal guardian, or has the student designated someone through a Power of Attorney (POA) or Voluntary Grant of Authority (VGA) to act on their behalf in connection with rights under the Individuals with Disabilities Education Act (“IDEA”), Chapter 31 of Title 14 of the Delaware Code, and implementing Delaware Department of Education regulations?

___ Yes: _____ (name of guardian / POA agent / VGA agent)

If yes, the remainder of this form need not be completed; the school should keep a copy of the guardianship or POA/VGA paperwork on file.

___ No. Proceed to question II.

II. Is the student able to provide informed consent in connection to the student’s educational decision-making, meaning all three of the following necessary conditions are present (check yes/no for each condition):

Yes	No	Conditions
		The student is generally able to understand the basic components of the student’s IEP.
		The student can use the information provided to make a decision.
		The student understands that the student can say yes or no.

___ Yes, the student is presently able to provide informed consent. (Yes is indicated for all of the conditions above)

___ No, the student is NOT presently able to provide informed consent. (No is indicated for one or more of the conditions above)

III. In making the determination described above, the school district, charter school, or other public agency assures it has drawn upon information from a variety of sources and information from all such sources documented and carefully considered.

Briefly describe the team’s discussion of the determination. Include the data sources (e.g., student and staff interviews, classroom observations, district and statewide assessments, etc.) being reviewed to assist the discussion. (attach additional pages if needed)

NOTE: If any party provides the opinion(s) of an outside individual, such as a doctor or therapist, relevant to the determination of capacity to provide informed consent in connection to educational decision-making, the IEP team must take that opinion into consideration.

IV. If the student is presently **able** to provide informed consent, is there a parent or other individual(s) who have knowledge or special expertise, who the student would like to invite to future IEP meetings? (Discuss potential invitees with the student).

Yes, specify name of individual: _____

Does the student want the above named individual to receive duplicate copies of educational-related records? (circle yes/no) Yes No

If yes, the student must sign a Consent to Release Information

No, the student does not wish to invite anyone to future meetings.

V. If the student is **not able** to provide informed consent, is there a willing and available parent, or other adult relative, who can serve as Educational Representative, to represent the educational interests of the student throughout the student’s eligibility under the Individuals with Disabilities Education Act?

___ Yes, specify name of individual: _____

Please complete the Educational Representative Acceptance of Authority, below, to formally appoint the Educational Representative.

___ No, the district, charter, or public agency will notify the Department of Education of student need for an Educational Representative. The Department of Education will appoint an individual through the Educational Surrogate Parent program.

Educational Representative Acceptance of Authority:

I, _____, agree to act for the student in connection to the student’s rights under the Individuals with Disabilities Education Act (“IDEA”) and Chapter 31 of Title 14 of the Delaware Code, including: decisions about evaluation; special education programming, including the Individualized Education Program (“IEP”) and IEP meetings; placement; related services; receiving notices; access to records; administrative complaints and due process proceedings; and to authorize, consent, modify, and waive rights and entitlements.

Signature of Appointed Educational Representative

Date

Signature of Witness

Date

Team, Parent, and Student Certification:

Please sign below and indicate whether you AGREE or DISAGREE with the determination made above.

<i>Name</i>	<i>Role</i>	<i>Signature</i>	<i>Agree / Disagree</i>
	Parent* 1		
	Parent* 2		
	Student		
	General Ed. Teacher		
	Special Ed. Teacher		
	Administrator / Designee		
	School Psychologist**		

* Parent includes individual who served as legal guardian, Educational Surrogate Parent, custodian or relative caregiver prior to a student attaining age 18.

** School psychologist required if capacity is uncertain (in addition to IEP team members whose attendance at IEP meetings is mandatory).

This report does not reflect my conclusions and a separate statement reflecting my conclusions are attached.

Title	Print	Sign

Expiration: This form remains valid for no longer than one (1) year, at which time it must be completed again. This form must be completed again by _____ (expiration date), or earlier by student or other team member request.

If the parent or student disagrees with this determination, either the parent or the student may exercise the procedural protections provided by the IDEA and Chapter 31 of Title 14 of the Delaware Code, including but not limited, due process complaint, administrative complaint, or request for an Independent Educational Evaluation.

When used in this form, the term educational and education mean education rights under the Individuals with Disabilities Education Act and Chapter 31 of Title 14 of the Delaware Code.