



# Educational Representative Voluntary Grant of Authority

I, \_\_\_\_\_, a Delaware public or charter school student, having reached the age of majority and capacity to do so, appoint the following adult:

\_\_\_\_\_, as my Educational Representative to represent my interests in all special education matters.

1. I give my Educational Representative full authority to act for me in connection with my 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, including those related to:
  - a. Evaluation and assessment;
  - b. Special education programming, including specialized instruction and related services;
  - c. Placement;
  - d. Individualized Education Program (IEP) content and meetings;
  - e. Procedural safeguards, including notices;
  - f. Educational records;
  - g. Administrative complaints and due process proceedings; and
  - h. Consent, modification, or waiver of rights.
2. By appointing an Educational Representative I understand that I am not giving up any of the other rights and responsibilities that I have as an adult.
3. I reserve the right to take back the responsibility for decisions about my special education at any time, by written or oral notice to a principal, vice principal, or their designee. If I give notice that I want to take this responsibility back, and away from my Educational Representative, I request that an IEP team meeting will be scheduled to make sure that my decision is informed. I also request that my Educational Representative receive notice and an invitation to this meeting.
4. I request that this document be made a part of my IEP.
5. I understand that appointing an Educational Representative is my choice and is voluntary.
6. I intend that this document be valid for up to one (1) year and expires on \_\_\_\_\_. I may agree to extend the time period by signing a new document when this document expires.
7. I have received a copy of this document.

**Signed:**

Signature of Student	Date
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Signature of Witness (Witness may not be individual being appointed Educational Representative)	Date
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**Educational Representative Acceptance of Appointment** (this document is not effective until the authority is accepted by the appointed Educational Representative):

Signature of Appointed Educational Representative	Date
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Signature of Witness	Date
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*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.*