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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Student Appointment of Educational Representative** | | | | | | | | | | |
| DIRECTIONS: This form may be used when a student reaches the age of majority and elects to delegate educational responsibility to a representative. | | | | | | | | | | |
| I , |  | | | | , appoint | |  | | | |
| to act as my representative in connection with my education. This representative shall have authority in matters relating to the identification, assessment, instructional planning and development, educational placement, reviewing and revising the individualized education program, utilization of procedural safeguards, and other matters relating to the provision of a free appropriate public education for me.  This appointment shall remain in effect until any of the following occur: | | | | | | | | | | |
| 1. | | I notify (*in writing*) the district special education director and/or SELPA administrator of my child’s attendance that this appointment is withdrawn. (*This may be done at any time.*) | | | | | | | |  |
| 2. | | The representative is unwilling or unable to carry out his or her responsibilities. | | | | | | | |  |
| 3. | | The representative is in a position with a conflict of interest in the above matters. | | | | | | | |  |
| 4. | | I no longer reside in the Licensed Children’s Institution (LCI) or Foster Family Home (FFH) owned or operated by the above representative (*applicable only when child is placed in a LCI or FFH*). | | | | | | | |  |
| Student Signature: | | |  | | | | | Date: |  | |
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| ACCEPTANCE OF APPOINTMENT | | | | | | | | | | |
| I, |  | | | | | , hereby accept the appointment as educational representative. | | | | |
| At such time as any of the conditions stated in items 2, 3, or 4 above, relating to the tenure of this appointment, exists, I will notify the district of attendance director of special education and/or SELPA administrator and the appointing student.  EXCEPTION:Any specific conditions or exceptions to this appointment shall be made on a separate document and signed and dated by the student, educational representative, and witness. | | | | | | | | | | |
| Representative Signature: | | | |  | | | | Date: |  | |