



## Parent Appointment of Educational Representative

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**DIRECTIONS:** This form may be used when the parent remains the legal guardian and chooses to delegate responsibility to an educational representative.

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I, \_\_\_\_\_, appoint \_\_\_\_\_  
to act as my representative in connection with the education of my child \_\_\_\_\_.  
This representative shall have full parental 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 of my child.

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the district special education director and/or SELPA administrator of my child's attendance that this appointment is withdrawn. (*A parent may do this at any time.*)
2. The representative is unwilling or unable to carry out his or her responsibilities to the best interest of my child.
3. The representative is in a position with a conflict of interest in the above matters.
4. My child no longer resides 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*).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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### ACCEPTANCE OF APPOINTMENT

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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 parent.

**EXCEPTION:** Any specific conditions or exceptions to this appointment shall be made on a separate document and signed and dated by the parent, educational representative, and witness.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_