

KERN EARLY START SERVICES

- KERN REGIONAL CENTER - (661) 327-8531 • FAX (661) 327-8676
- BAKERSFIELD CITY SCHOOL DISTRICT SELPA - (661) 631-5850 • FAX (661) 631-3289
- KERN COUNTY CONSORTIUM SELPA - (661) 636-4817 • FAX (661) 636-4810
- SIERRA SANDS SELPA - (760) 499-1702 • FAX (760) 446-1639

APPOINTMENT OF EDUCATIONAL REPRESENTATIVE BY PARENT

Directions: This form may be used when the parent retains education rights and chooses to delegate responsibility for educational decisions to an educational representative.

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, utilization of procedural safeguards and other matters relating to the provision of a free appropriate education of my child.

The appointment shall remain in effect until any of the following occur:

1. I notify the Director of Special Education that this appointment is withdrawn.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 in the best interest of my child.
3. The representative is in a position that is 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.

Parent Signature

Date

Witness

ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. At such time as any of the conditions above, relating to the tenure of this appointment exists, I will notify the Director of Special Education and the appointing parent.

Representative's Signature

Date

Witness

Received by: _____ District: _____
Date: _____