

Galt Joint Union Elementary School District

Appointment of Educational Representative

1018 C Street, Suite 210, Galt, CA 95632-1733 (209)744-4545 (209)744-4553 FAX www.galt.k12.ca.us

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

_____ is appointed 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 individual education program, utilization of procedural safeguards, and other matters relating to the provision of a free appropriate education of my child.

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

1. I notify the LEA of Attendance that this appointment is withdrawn in writing. *(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 or foster family home," owned or operated by the above representative *(applicable only when child is placed in a licensed children's institution or foster family home)*

Parent Signature _____ Date _____

Print Parent Name _____ Witness _____

Acceptance of Appointment

I hereby accept the above appointment. At such time as any of the conditions 2, 3 or 4 above relating to the tenure of this appointment exists, I will notify the LEA of Attendance and the appointing parent.

Representative Signature _____ Date _____

Print Representative Name _____ Witness _____

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