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Delegation of Educational Authority

I, [name of student], having reached the age of majority, hereby exercise my right pursuant to 603 CMR 28.07(5)(c) to delegate continued decision-making to [or share decision-making with] my [insert mother, father, legal guardian, etc., [insert name of parent], regarding my special education services. This shall include the right to sign my Individual Education Plan (IEP) on my behalf and to agree to any educational placement. I understand that I may revoke this delegation in writing at any time.

[name of student]

Date

(Please Print)

Witness

Date

(Please Print)

[Please note you *must* sign this form in the presence of a school official, such as the Team Leader or the Special Education Director.]