

*This is a sample document appointing an agent to make education decisions on behalf of a student.*

## **POWER OF ATTORNEY FOR EDUCATION DECISION MAKING**

I \_\_\_\_\_, appoint  
\_\_\_\_\_, whose address is  
\_\_\_\_\_, to be my Agent to represent my education interests so long as I am eligible under the Individuals with Disabilities Education Act (IDEA) or have a school 504 Plan. I want my Agent to have the power and authority to exercise any rights I have under the IDEA or Section 504 of the Rehabilitation Act, and to make education decisions on my behalf. Some of the things I want my Agent to do are:

- ✓ Accept notices for me
- ✓ Attend and participate in IEP and 504 meetings
- ✓ Look at my education records
- ✓ Ask for independent educational evaluations
- ✓ Give consent for evaluation or reevaluation
- ✓ Assert my right to an education in the least restrictive environment
- ✓ Exercise all my education rights consistent with state and federal laws

I intend for my Agent to be able to exercise all rights relating to my education that I have under the IDEA or Section 504 of the Rehabilitation Act, even if I have not specifically listed them in this document.

My Agent will talk with me and listen to and consider my preferences when making decisions for me regarding my education rights.

My Agent will not be responsible for any loss caused by an error in judgement made in good faith. My Agent will be responsible for not acting in good faith in exercising my education rights for me.

My Agent will not be paid for acting as my Agent.

This Power of Attorney is effective when I sign it and shall not be affected by my disability. This Power of Attorney will continue to be effective until I am no longer eligible under the IDEA or for a 504 plan, or until I revoke this Power of Attorney in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Acceptance of Appointment as Agent**

I accept appointment as the Agent for \_\_\_\_\_, under this Education Power of Attorney. I understand my duties under this Power of Attorney and under the law. I understand that I have a duty to act on behalf of \_\_\_\_\_ as they relate to his/her education rights under the IDEA or Section 504 of the Rehabilitation Act. I understand that under the terms of this Power of Attorney I must consult with and listen to

\_\_\_\_\_’s preferences when exercising my authority under this Power of Attorney.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Witness**

I affirm that \_\_\_\_\_, appeared to be of sound mind and free from duress at the time this Power of Attorney was signed and that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(NOTARY)