

POWER OF ATTORNEY FOR EDUCATIONAL DECISION MAKING

Important Notes: The power of attorney for educational decision making process was developed for age-of-majority students who want help in educational decision making but do not have someone else appointed as guardian.

Assigning another person as attorney-in-fact under power of attorney may only be done by an individual who fully understands and appreciates the action being taken. The effect of an individual's disability must be taken into account in determining if signing a power of attorney is appropriate. Someone who is incompetent may not sign a power of attorney. All persons are presumed competent.

Assigning power of attorney does not surrender any authority the individual holds, but allows another person to exercise the same authority. For example, if you give someone power of attorney to sell your car, you can still sell it yourself.

The language in this form is the type of language used in legal forms. The language is designed so agencies and attorneys around the state may rely on a signed form. If you have questions about a particular word or phrase in this form, please consult with your AEA or an attorney.

DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND IT.

1. Enter the student's name and address and the attorney-in-fact's name and address.

Sections 2-4 need to be filled out and signed in front of a notary.

2. Enter the date the student signed this form and the location (city, state) where the form was signed.
3. Have the student sign here.
4. The power of attorney form must be signed before a notary. The notary will complete this section.

POWER OF ATTORNEY FOR EDUCATIONAL DECISION MAKING

The undersigned:

1

_____ (student name), _____ (street; city, IA zip);

does hereby make, constitute and appoint:

_____ (attorney-in-fact name), _____ (street; city, IA zip);

the undersigned's true and lawful attorney-in-fact, with full right, power and authority for the undersigned and in the undersigned's name, place and stead to represent the undersigned's educational interest throughout my period of eligibility under the Individuals with Disabilities Education Act [IDEA].

My attorney-in-fact shall have full power and authority to exercise or perform any act, duty, right or obligation I now have or may hereafter acquire relating to my eligibility under the IDEA. The power and authority of my attorney-in-fact will include, but not be limited to, the power and authority to:

- a. Accept notice on my behalf.
- b. Attend and participate at IEP meetings.
- c. Examine educational records.
- d. Request independent educational evaluations.
- e. Give consent for initial evaluation or reevaluation.
- f. Exercise all rights consistent with state and federal laws.

This Power of Attorney is to be construed and interpreted as a General Power of Attorney relating to my educational interest under the IDEA. The enumeration of specific items, rights, acts, or powers relating to my education shall not be limited or restrict the general and all-inclusive powers relating to my educational interest under the IDEA, which I have granted to my attorney-in-fact.

My attorney-in-fact shall not be liable for any loss sustained through an error of judgment made in good faith, but shall be liable for willful misconduct or breach of good faith in the performance of any of the provisions of this Power of Attorney.

The attorney-in-fact understands that this Power of Attorney is given without any express or implied promise of compensation. Any services performed as my attorney-in-fact will be done without compensation.

This Power of Attorney shall be effective immediately, shall not be affected by my disability, and shall continue effective until I am no longer eligible under the IDEA or revoke my decision.

Dated: ____ / ____ / ____, at _____

2

3

Student signature

4

State of Iowa, County of _____

This instrument was acknowledged before me on: ____ / ____ / ____

By: _____

Notary Public in and for said State