

POWER OF ATTORNEY FOR EDUCATIONAL DECISION MAKING

The undersigned:

_____ (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 _____

Student signature

State of Iowa, County of _____

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

By: _____

Notary Public in and for said State