



## Certification of the Inability of a Student to Provide Informed Consent for Educational Decisions Made Under the Individuals with Disabilities Education Act (IDEA)

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

Please provide the following information:

1. Name of the evaluator personally evaluating the student: \_\_\_\_\_

2. Professional degree or license that entitles the evaluator to make this determination:  
(See Transfer of Rights to Students Who Reach the Age of Majority (8VAC20-81-180), for additional information and requirement of specific professionals)

Choose One:

- Medical Doctor     Physician's Assistant     Certified Nurse Practitioner
- Licensed Clinical Psychologist     Licensed Clinical Social Worker
- Guardian Ad Litem for the Adult Student     Court Appointed Special Advocate

3. Has the informed consent evaluator, in the course of his/her professional duties, personally evaluated the person whose capacity is in question (the student)?  **Yes**  **No**

4. The student suffers from the following debilitating illness and/or condition(s):

5. Due to the above-stated debilitating illness and/or condition(s) and related limitations of the student, it is my professional opinion that the student  **IS CAPABLE**  **IS NOT CAPABLE** of providing informed consent for educational decisions made under the IDEA; and

6. Due to the nature of the student's debilitating illness and/or condition(s) as stated in this document, it is my opinion that the ability of this student to provide informed consent for educational decisions should be reviewed on \_\_\_\_\_ (date) and thereafter every \_\_\_\_\_ years. (Fill in the blank with a number not exceeding three years. Re-evaluation should occur annually unless the condition that makes the student incapable of providing informed consent is degenerative, irreversible, or perpetual given the present state of medical science, as known by the evaluator)



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I am familiar with the special education procedures pertaining to informed consent for educational decisions made under the IDEA. I understand those procedures and have completed this evaluation form based on the guidelines set forth in the procedures.

\_\_\_\_\_  
Signature of Evaluator Title of Evaluator Date

\_\_\_\_\_  
Address of Evaluator Street City State Zip Code

\_\_\_\_\_  
Signature of Witness Name of Witness

\_\_\_\_\_  
Address of Witness Street City State Zip Code

### Reference Documents:

Transfer of Rights for Students with Disabilities Upon Reaching the Age of  
Majority in Virginia (November 2015)

[http://www.doe.virginia.gov/special\\_ed/regulations/state/transfer\\_rights\\_students\\_disabilities.pdf](http://www.doe.virginia.gov/special_ed/regulations/state/transfer_rights_students_disabilities.pdf)

FCPS Educational Representation for Adult Students

[www.fcps.edu/academics/special-education/forms](http://www.fcps.edu/academics/special-education/forms)

8VAC20-91-180 Transfer of rights to students who reach the age of majority

<http://law.lis.virginia.gov/admincode/title8/agency20/chapter81/section180/>