



# Specific Power of Attorney for Educational Decisions Made Under the Individuals with Disabilities Education Act (IDEA)

Student _____	DOB _____	ID Number _____	Date _____
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This form is provided as an option to document the designation of an agent to act as the specific power of attorney to act on behalf of students who have reached the age of eighteen (18) and who have not been determined to be legally incompetent or incapacitated. This power of attorney is specific to educational rights under the IDEA. When completed, executed, and notarized by the adult student, it becomes legally binding unless and until the powers granted by the student are revoked by the student, or until the specific power of attorney is revoked by a court, or upon the death of a student. When changes are appropriate, they should be made. If this form is not understood, legal advice should be obtained from an attorney before the form is signed. School officials are not authorized to give legal advice, and the decision to seek legal advice rests solely with the adult student.

**KNOW ALL PERSONS BY THESE PRESENTS:**

That I, \_\_\_\_\_ (full name), residing at \_\_\_\_\_  
 \_\_\_\_\_ (full address), and born on  
 \_\_\_\_\_ (month, date, year), hereby make, constitute, and appoint  
 \_\_\_\_\_ (full name) of \_\_\_\_\_

(full address), as my lawful attorney-in-fact to act in my name, place and stead, make all educational decision on my behalf, act and legally bind me to any and all educational decisions and/or programs, including, but not limited to, the following hereinafter described:

- (initial) \_\_\_ receive notice of all meetings and actions proposed or refused pertinent to my special education program
- (initial) \_\_\_ participate in all meetings pertinent to my special education program
- (initial) \_\_\_ request legal due process proceedings if a disagreement regarding my special education program arises
- (initial) \_\_\_ represent my interests in mediation to resolve disputes with the local school division
- (initial) \_\_\_ agree or disagree with proposed Individualized Education Programs and special education placements
- (initial) \_\_\_ other \_\_\_\_\_

as I would, might or could do if acting personally. I hereby ratify and confirm all lawful acts done by said attorney-in-fact in accordance with this specific power of attorney. This specific power of attorney shall not terminate upon me becoming disabled, incompetent, or incapacitated, and all power and authority granted hereunder to said attorney-in-fact shall continue and be exercisable by said attorney- .



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in-fact notwithstanding that I may subsequently become disabled, incompetent, or incapacitated, and all acts done by said attorney-in-fact pursuant to this specific power of attorney during the period of any such disability, incompetence, or incapacity, shall have in all respects the same effect and shall inure to the benefits and bind me and my estate as fully as if I were not subject to such disability, incompetence, or incapacity, and all power and authority granted hereunder shall remain in full force and effect until such time as such power and authority granted hereunder shall be revoked by me in writing

Plural shall be substituted for the singular and singular for the plural wherever the context hereof so requires.

WITNESS the following signatures on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Student

COMMONWEALTH OF VIRGINIA }

} ToWit:

CITY/COUNTY OF \_\_\_\_\_ }

I, the undersigned, a Notary Public in and for the jurisdiction aforesaid, in the Commonwealth of Virginia, do hereby certify that \_\_\_\_\_ (student), whose name is signed to the foregoing Specific Power of Attorney, has acknowledged the same before me in the jurisdiction aforesaid.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission expires: \_\_\_\_\_

NOTE: This form, with original signatures, must be filed with the student's school record before an attorney-in-fact can be recognized by Fairfax County Public Schools (FCPS). For FCPS to recognize any changes or revocations, written notification to the student's school must be provided of those changes or revocations. Such notification must be dated and witnessed.

Reference Document:  
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)