

**Livingston County Public Schools**  
**DETERMINATION OF STUDENT REPRESENTATIVE FOR EDUCATIONAL DECISIONS**

This form is used to determine the representative for a student who (1) is suspected of needing special education services, (2) is now receiving services, or (3) is transferring into the district from a special education program in another district. It must be completed at the same time of referral for (1), at the re-evaluation for (2), and at the time of enrollment for (3).

Name of Child/Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Grade/Special Education Placement \_\_\_\_\_ Teacher \_\_\_\_\_  
Name of Caregiver \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to Child/Youth:        \_\_\_ Natural Parent    \_\_\_ Adopted Parent    \_\_\_ Guardian  
   \_\_\_ Foster Parent    \_\_\_ Other (Specify) \_\_\_\_\_

**FINDING:**

- \_\_\_\_\_ 1. The Child/Youth lives with parent(s) or is represented by legal guardian. *(Attach birth certificate or verification of guardianship.)*
- \_\_\_\_\_ 2. The Child/Youth's parent(s) request that a relative, friend, serve as their representative in educational decision making. *(Attach written authorization from the parent or a written statement from the individual with whom the child/youth lives that the parent is allowing said individual to make educational decisions for the child/youth and to act as the parent in educational matters. However, they may not sign permission for evaluation or placement.)*
- \_\_\_\_\_ 3. Youth is married and will represent self.
- \_\_\_\_\_ 4. Youth is 18 years of age or over, and competent to represent self.
- \_\_\_\_\_ 5. Youth is 18 years of age or over, but declared incompetent. *(Attach verification of court decision.)*
- \_\_\_\_\_ 6. The Child/Youth is Committed to the State. Parent rights have not been terminated. *(Attach verification)*
- \_\_\_\_\_ 7. The Child/Youth's parents are unknown. *(Attach written verification.)*
- \_\_\_\_\_ 8. The Child/Youth's parents have not been located after reasonable efforts. *(Attach copy of written documentation of efforts.)*
- \_\_\_\_\_ 9. The Child/Youth is a Ward of the State. Parent rights have been terminated. *(Attach a copy of a Court Order or other verification.)*
- \_\_\_\_\_ 10. Other: \_\_\_\_\_

Based on this finding a Surrogate Parent:	___ does not need to be appointed ___ must be appointed	___ findings incomplete
<b>CHILD/YOUTH REPRESENTATIVE:</b>		
Signature of Chairperson	Date	Name: _____
		Address: _____
		Phone: _____
*Signature of Special Education Director	Date	

\*(Required only if items 7, 8, 9, or 10 are checked or if findings are incomplete) (Items 7, 8, 9, or 10 will require a Surrogate Parent to be appointed)