

**CHICAGO PUBLIC SCHOOLS
DELEGATION OF RIGHTS TO MAKE EDUCATIONAL DECISIONS RELATED TO SSCA**

STUDENT'S NAME: _____ DATE: _____

STUDENT'S DATE OF BIRTH: _____ DATE OF AGE OF MAJORITY: _____

I, _____, am 18 years of age or older and a student or former student who has
(Student Name)

the right to make educational decisions for myself under State and federal law. I have not been adjudged incompetent and, as of the date of the execution of this document, I hereby delegate my right to give consent and make decisions regarding Student Specific Corrective Action (SSCA), including any Universal Enrichment Remedy, to the individual identified below. This individual will be considered my "parent" for purposes of SSCA and will exercise all of the rights and responsibilities concerning any remedies available to me under SSCA that are conferred on a parent through that process. This delegation does NOT impact my rights or any prior delegation of my rights concerning the Individuals with Disabilities Education Improvement Act of 2004 and Article 14 of the School Code more generally.

I understand and give my consent for this individual to make all decisions relating to SSCA on my behalf. I understand that I have the right to be present at meetings related to SSCA and that I have the right to raise any issues or concerns I may have related to SSCA and that Chicago Public Schools must consider them. This delegation will be in effect for one year from the date of execution below and may be renewed by my written or other formal authorization. I also understand that I have the right to terminate the Delegation of Rights at any time and assume the right to make my own decisions regarding SSCA. I understand that I must notify Chicago Public Schools immediately if I revoke this Delegation of Rights prior to its expiration.

(OPTIONAL) – I have received this form and have chosen NOT to delegate my rights

(Student Signature) (Date)

(REQUIRED IF DELEGATING SSCA RIGHTS) – I have received this form and have CHOSEN to delegate my decision-making rights regarding SSCA to the individual listed below.

Name of "Parent" Representative) (Relationship (Optional))

("Parent" Representative Signature) (Date)

(Student Signature) (Date)

(Authorized School Personnel Signature) (Date)

(REQUIRED, WHEN APPLICABLE) - I wish to TERMINATE the Delegation of Rights at this time and assume the right to make my own decisions regarding SSCA.

(Student Signature) (Date)