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| **NOTICE OF APPLICATION to Represent the Educational Interests** **of a Special Education Student at the Age of Majority (18 in NV)**Parents of a student with a significant cognitive disability (as measured by the determination to participate in the NV Alternate Assessment, or NAA) may submit an APPLICATION to the student’s school district or charter school for the purpose of seeking authority to represent the student’s educational interests after the student turns 18 (NRS 388.449). Parents wishing to apply must complete the APPLICATION below in its entirety and submit it to the school principal of the student’s district school or charter school in which the student is enrolled. **The APPLICATION must be submitted at least 90 days before the student’s 18th birthday, but not before the students turns 16**. Within 30 days after the APPLICATION is received, it will be reviewed and the parents will be notified in writing of the determination using the NOTICE OF DETERMINATION below. If the student’s district or charter school grants the APPLICATION, the parent shall continue to represent the educational interests of the student **until** (a) the pupil receives a standard high school diploma, (b) the pupil is no longer enrolled in a program of special education pursuant to NRS 388.417 to 388.515, or (c) the parent elects to transfer the rights to represent educational interests to the pupil. If the parents’ request is denied, parents may appeal the decision by filing a complaint with the Nevada Department of Education (NDE) pursuant to NAC 388.318. For information about filing a complaint, contact the NDE at 775-687-9171. |
| **APPLICATION**Demographic InformationSchool District/Charter School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Age on Date Application is submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DECLARATION**As the parent of the above-name student, I am applying to represent the educational interests of my child after my child turns 18 years old. I declare that:* I believe the student does not have the ability to provide informed consent with regard to his/her own educational program.
* The student is at least 16 years old, but will not turn 18 within the next 90 days.
* The student has a significant cognitive impairment and participates in the NAA; the NV alternative assessment developed by the state for students with such impairments.
* A copy of the student’s Individualized Education Program (IEP), which reflects the student’s participation in NAA, is attached.

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| **NOTICE OF DETERMINATION****School District/Charter School Use (only):**Date APPLICATION Received by School District/Charter School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Determination by School District/Charter School: \_\_\_\_\_\_\_\_ Approved OR \_\_\_\_\_\_\_\_ DeniedDate NOTICE OF APPLICATION was provided to parent and student (prior to 18th birthday): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date NOTICE OF DETERMINATION was provided to parent and student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |