

CHILD'S NAME:	CASE NUMBER:
---------------	--------------

General Information

1. Child's or youth's date of birth: _____ Child's Statewide Student Identifier (SSID): _____
 Indian child's tribe (if applicable): _____
 Address: _____ City: _____ Zip Code: _____
 Email: _____ Phone No.: _____
2. School information
 - a. School district (local educational agency or LEA): _____
 - b. School (*name and address*): _____
 - c. Foster youth educational liaison (Ed. Code, § 48853.5) (*name and contact information*): _____
 - d. The child is currently expelled from school and may be eligible for readmission on or after (*date*): _____
3. County office of education (*name and address*): _____
 Foster youth service coordinator (*name and contact information*): _____
4. Regional center (*name and address*): _____
 Service coordinator (*name and contact information*): _____
5. County placing agency (*specify*): _____
 - a. Assigned social worker or probation officer (*name and contact information*): _____
 - b. Supervising social worker or probation officer (*name, address, and contact information*): _____
6. CASA organization (*name and address*): _____
 Court Appointed Special Advocate (CASA) (*name and contact information*): _____
7. Child's or youth's attorney (*name, address, and contact information*): _____

THE COURT FINDS AND ORDERS

8. The child or youth is the subject of a petition filed under Welfare and Institutions code section 325. The child's parent, guardian, or Indian custodian is unavailable, unable, or unwilling to exercise educational or developmental services rights; the agency has made diligent efforts to locate and secure the participation of the parent, guardian, or Indian custodian in educational and developmental-services decisionmaking; and the child's or youth's educational and developmental-services needs cannot be met without the temporary appointment of a responsible adult as educational rights holder.
9. Limitation of the rights of the parent(s), guardian(s), or Indian custodian(s) to make educational developmental-services decisions is necessary to protect the child or youth.
10. The youth is at least 18 years old and
 - a. has chosen not to make educational developmental-services decisions for the youth.
 - b. is deemed incompetent to make educational or developmental-services decisions for the youth.
11. (*If 10a or 10b is checked*): The appointment of an educational rights holder to make developmental-services decisions for the youth is in the youth's best interests.

CHILD'S NAME:

CASE NUMBER:

12. The court has denied or terminated reunification services for the parent, guardian, or Indian custodian, and the child or youth is placed in a planned permanent living arrangement under Welfare and Institutions code sections 366.21(g)(5), 366.22, 366.26, 366.3(i), or 727.3(b)(5)–(6).
13. There is is not a responsible adult relative, nonrelative extended family member, or other adult known to the child who is available and willing to serve as the educational rights holder.
14. The child or youth is receiving special education, general education accommodations and modifications, early intervention services, or developmental services. Yes No
15. The child or youth is receiving services under the following plan (*check all that apply*):
- Individualized education program (IEP)
 - Section 504 plan
 - Individualized family service plan (IFSP)
 - Individual program plan (IPP)
 - Special education local plan area (SELPA)
 - Other (*explain*):

The LEA, SELPA, or regional center must provide a copy of any plan to the designated educational rights holder.

16. The child or youth needs the following educational or developmental assessments or services (*check all that apply*):
- The child is 0–3 years old, is at risk for a disability or has a developmental delay, and needs assessment for services.
 - The child is 0–3 years old, has a disability, and needs the development of an IFSP.
 - The child or youth is 3 years old or older, may have a disability, and needs intake and assessment for services.
 - The child or youth is 3 years old or older, has a disability, and needs the development or revision of an IEP, IPP, or Section 504 plan.
17. The appointed educational rights holder must (*check all that apply*):
- Submit to the LEA a written referral for assessment for special education and related services or for services under section 504 of the Rehabilitation Act of 1973.
 - Submit to the regional center a written referral for an initial intake and eligibility assessment or evaluation.
 - Submit to the LEA a written referral for assessment or services, or a written request to convene the IEP team to develop, review, or revise the pupil's IEP.
 - Submit a written request to the regional center to convene the IFSP team to develop, review, or revise the IFSP.
 - Submit a written request to the regional center to convene the IPP team to develop, review, or revise the IPP.
 - Other:

18. The following person is directed under rule 5.649(c)–(d) of the California Rules of Court to take whatever steps are necessary to request any assessments or services identified in item 16 or 17 (*name and address unless confidential*):
19. The current educational program and school placement are in the best interests of the child or youth.
20. The current IFSP, IPP, or other developmental services plan is in the best interests of the child or youth.
21. The child or youth is is *not* attending the child's or youth's school of origin. If not,
- The educational rights holder has has *not* waived the child's or youth's right to attend the school of origin.
 - The child or youth has has *not* waived the child's or youth's right to attend the school of origin.
22. The county placing agency has considered educational stability and the opportunity to be educated in the least restrictive educational program when making placement decisions for the child or youth.

CHILD'S NAME:	CASE NUMBER:
----------------------	--------------

Educational Rights Holder Service of Process Check Box

Mandatory:

<p>1. <input type="checkbox"/> Social worker <input type="checkbox"/> Probation officer</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>2. <input type="checkbox"/> Child (if 10 years of age or older)</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>3. <input type="checkbox"/> Local Foster Youth Educational Liaison</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>	<p>4. <input type="checkbox"/> Attorney for child or youth</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>5. <input type="checkbox"/> County Office of Education Foster Youth Services Coordinator</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>6. <input type="checkbox"/> Educational Rights Holder</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>
--	--

Mandatory, if applicable:

<p>1. <input type="checkbox"/> Regional Center Service Coordinator</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p> <p>2. <input type="checkbox"/> CASA Volunteer</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>	<p>3. <input type="checkbox"/> Tribe/Bureau of Indian Affairs</p> <p>a. Name:</p> <p>b. Mailing or electronic service address:</p> <p>c. Date of service:</p> <p>d. Method of service:</p>
--	--

If requested and entitled to notice under Welfare and Institutions code § 293:

1. Other (specify):

a. Name:

b. Mailing or electronic service address:

c. Date of service:

d. Method of service:

2. Other (specify):

a. Name:

b. Mailing or electronic service address:

c. Date of service:

d. Method of service:

3. Other (specify):

a. Name:

b. Mailing or electronic service address:

c. Date of service:

d. Method of service:

If appropriate:

1. Mother Father Legal guardian

a. Name:

b. Mailing or electronic service address:

c. Date of service:

d. Method of service:

2. Indian custodian

a. Name:

b. Mailing or electronic service address:

c. Date of service:

d. Method of service:

