



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Certification of Inability to Make Educational Decisions: Model Form

This is a model form developed by the Office of the State Superintendent of Education (OSSE) to meet the professional certification requirements for the transfer of educational rights under Title 5-E, Sections 3034 through 3036 of the District of Columbia Municipal Regulations (DCMR). This form may be used by qualified professionals to certify their determination that student does not have the ability to provide informed consent regarding educational decisions. This process is specific to educational rights under the Individuals with Disabilities Education Act (IDEA).

A copy of the relevant DCMR sections is available on the OSSE [website](#). For more information, please email osse.educationdecisions@dc.gov or call (202) 727-8488.

Student Information

Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____ Unique Student Identifier (USI): _____
MM DD YYYY

Evaluator Information

Name: _____

Business/ practice affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Professional degree or license that entitles the evaluator to make this determination:

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Certified Nurse Practitioner | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Licensed Psychiatrist | <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Licensed Clinical Social Worker |

License Number & State: _____

Is the evaluator employed by the student's school, local education agency, or other public agency currently serving the student?

Yes

No

Is the evaluator related by blood or marriage to the student OR the applicant for appointment as educational representative?

Yes

No

Has the evaluator, in the course of his/her professional duties, personally evaluated or interviewed the student within the last calendar year?

Yes, on ____/____/____
MM DD YYYY

No. (This certification will not be accepted as one of the two certifications required for the appointment of an educational representative.)

Check all that apply:

- The student is UNABLE to understand, on a continuing or consistent basis, the nature, extent, and probable consequences of an educational decision or proposed educational program.
- The student is UNABLE to evaluate the benefits or disadvantages of an educational decision or a proposed educational program as compared with alternative options on a continuing or consistent basis.
- The student is UNABLE to communicate understanding verbally, in writing, or in the mode of communication used by the student to communicate his or her decisions, an understanding of or an evaluation of the benefits or disadvantages of an educational decision or proposed educational program.
- None of the above.

Please describe the basis or rationale for the determination selected above:

Due to the above-stated reasoning, it is the professional opinion of the evaluator that the student:

- IS CAPABLE of providing informed consent regarding educational decisions.
- IS NOT CAPABLE of providing informed consent regarding educational decisions.

The evaluator is required to inform the student of the above determination in writing, and is also strongly encouraged to communicate the determination to the student in the student's preferred mode of communication.

Please select the mode(s) of communication used by the evaluator to inform the student of the determination:

- Written communication
- Verbal/ oral communication
- American Sign Language (ASL)
- Interpreter (Name: _____)
- Other - please specify: _____

Name of Qualified Professional (print)

Signature of Qualified Professional

(Date)

Position/Title of Qualified Professional

FOR OSSE INTERNAL USE

DATE RECEIVED: ___/___/____

BY: _____