



**Exceptional Student Education (ESE)
Transfer of Rights at Age of Majority (Age 18)
Parent Notification**

School: _____ Date: _____

Student Name: _____ DOB: _____ Age: _____

Florida law provides for the transfer of rights when an individual reaches the age of majority at age 18. An exception to this transfer can occur in response to a petition, a court determines that the individual is incapacitated and a guardian is appointed. This is especially important for students with disabilities who receive exceptional student education (ESE) services under the Individuals with Disabilities Education Act (IDEA).

Under IDEA, all rights accorded to you as the parent(s)/guardian(s) of a student with a disability transfer to your student on his/her 18th birthday. In addition, IDEA provides that you retain the right, along with the student, to receive any notices about his/her ESE program.

Your student has reached the age of majority and no documentation of court action limiting the transfer of rights under IDEA has been provided to the district. **Therefore, this notice is to inform you that all rights and protections previously accorded to you as the parent(s)/guardian(s) now transfer to your student.**

To support students with disabilities and their parents when the student attains the age of majority while in school, s. 1003.5716, F.S., requires school districts to provide information and instruction on the legal rights and responsibilities relating to options for maintaining parental involvement in educational decision-making, including:

1. Informed consent to grant permission to access confidential records protected under the Family Educational Rights and Privacy Act (FERPA) as provided in s. 1002.22, F.S.
2. Powers of attorney as provided in chapter 709, F.S.
3. Guardian advocacy as provided in s. 393.12, F.S.
4. Guardianship as provided in chapter 744, F.S.

If you have any questions regarding this notice, desire additional information on the options for maintaining parental involvement, or wish to obtain a copy of the *Notice of Procedural Safeguards for Parents of Students with Disabilities*, please contact the following:

Name/Title: _____ Name/Title: _____

Phone: _____ Phone: _____