

**Surrogate Parent Program Referral Form**

(to be completed by the school)

Return by fax to: (814) 347-0043

A

Date:

**Student Name:**       **School:**      

**ID:**       **Region:**      

**DOB:**       **Grade:**      

Street Address:

Caretaker:       Relationship:

Home Phone:       Work Phone:       Cell Phone:

Person Making Surrogate Parent Referral:

Position:

Reason for Surrogate Parent Referral:

No parent (as defined in CFR §300.20) can be identified;

After reasonable efforts, the District cannot discover the whereabouts of a parent; or

Parent’s rights terminated.  Unaccompanied Youth

Student’s Custodial Agency:

Contact Name:       Phone:       Fax:

Address:

Servicing Provider/Agency:

Contact Name:       Phone:       Fax:

Address:

You must provide this office with a copy of the original termination of parental rights or a letter signed by the principal indicating confirmation that, after reasonable efforts by the District, the whereabouts of the parents are unknown.

To be completed by the Office of Specialized Services:

Approved  Disapproved Reason:       Date:



**Prospective Surrogate Parent Profile**

(to be completed by the school)

Return by fax to: (814) 347-0043

B

Date:

**Student Name:**       **School:**      

**ID:**       **Region:**      

**DOB:**       **Grade:**      

Name of Prospective Surrogate Parent:

Address:

Home Phone:       Work Phone:       Cell Phone:

Is the prospective Surrogate Parent at least 18?

Does the prospective Surrogate Parent have interests that conflict with the interests of the student the Surrogate Parent may represent? (e.g. Is the prospective Surrogate Parent an employee of the SEA, the LEA, or any other public agency (example DHS caseworker), that is involved in the education of the student?) If “Yes,” this individual may not serve as Surrogate Parent.

Describe the prospective Surrogate Parent’s knowledge of, or prior experience with, special education:

Describe the prospective Surrogate Parent’s knowledge and skills that ensure adequate representation of the student:

REFERENCES:

Please provide two references for the Surrogate Parent.

1. Name:       Relationship:

Address:

Home Phone:       Work Phone:       Cell Phone:

2. Name:       Relationship:

Address:

Home Phone:       Work Phone:       Cell Phone:



C

**Prospective Surrogate Parent Profile**

**Personal Assurance Statement**

(to be completed by the Prospective Surrogate Parent)

Return by fax to: (814) 347-0043

Date:

**Student Name:**       **School:**      

**ID:**       **Region:**      

**DOB:**       **Grade:**      

I hereby affirm that:

1. I have not been charged with, or convicted of, any crimes against children;
2. I am at least eighteen (18) years of age;
3. I possess reasonable abilities to make a decision on this student’s educational needs;
4. I am committed to acquainting myself with this student’s educational needs and the special education process;
5. I will actively represent the educational needs, rights, and interests of this student;
6. I will communicate with this student’s school and work with school staff to resolve conflicts;
7. I have no interests that would conflict with the educational interests of this student; and
8. I am not an employee of any public agency that is responsible for the education or care of the student.

PLEASE PRINT YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Prospective Surrogate Parent)

Prospective Surrogate Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_