

REQUEST FOR ASSIGNMENT OF SURROGATE PARENT

To: Sue Strong - Special Services Department Date: _____

From: _____

Location: _____ Phone: _____

I am requesting a surrogate parent be assigned to the student named below. **

1. Student Information:

Name: _____ Birthdate: _____

Grade: _____ School: _____

Phone: _____ Primary Disability: _____

2. Student is residing with:

Name: _____

Relationship: _____ Phone: _____

Address: _____ State: _____ Zip: _____

3. County Social Worker:

Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

County: _____

4. Parent Information - Mother:

Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

5. Parent Information - Father:

Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

6. Foster Parent Information:

Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Please attach any supporting documentation/information that would be helpful in determining the need for Surrogate Parent.

Copies to: Special Services Department, Student File, IEP Manager