Help for education agencies

Sample forms for making appointments, rescissions, etc.

Sample letters for appointment, rescission, and action taken

Sample surrogate parent tracking system

Adopt, adapt, or develop your own forms, letters, and tracking system

For information or questions, contact:

Special Education Services
P.O. Box 302101
Montgomery, AL 36130-2101
(334) 242-8114
(334) 242-8406 (TDD)

5/12/08
SURROGATE PARENT APPOINTMENT PROCESS

INDIVIDUAL REQUEST FOR APPOINTMENT OF A SURROGATE PARENT

Education Agency

Investigates to Determine Need for a Surrogate Parent

Checks Request Form and Verifies Need for Surrogate

Appoints, Rescinds, and/or Determines Student Not Eligible for Surrogate Parent

Sends Formal Letter to all Parties Involved

DHR

LEA

State Agencies

Other

5/12/08
SURROGATE PARENT PROGRAM
FOR STUDENTS WITH OR SUSPECTED OF HAVING DISABILITIES

◆ Definitions ◆

**Parent.** The term parent means a biological or adoptive parent, a foster parent, a guardian, an individual acting in place of the biological or adoptive parent of the student, or a surrogate parent who has been appointed according to State and Federal regulations. The term does not include the State if the child is a ward of the State.

**Surrogate Parent.** A person appointed by the education agency to act as the student’s parent in matters relating to education.

◆ Eligibility Criteria ◆

The criteria of a student in need of a surrogate parent are:
1. that the parent or guardian cannot be identified and located or
2. that the student is a ward of the State and the parent or guardian cannot be identified and located.

◆ Educational Implications ◆

A student with disabilities or suspected of having disabilities must be represented by a parent in special education matters.

If a parent or guardian cannot be identified and located, the student must be represented by a surrogate parent on any occasion when a parent would normally be involved regarding educational matters.

◆ Surrogate Parent Plan ◆

The education agency must develop a process for the identification of those students who are eligible for surrogate parent services and for the selection of a surrogate parent assigned to an individual student.

◆ Appointment Procedure ◆

1. Any person who knows of a student who may need or is receiving special education services and also believes that an appropriate person is not available to represent the student in special education decisions may submit a written request to the education agency for the assignment of a surrogate parent for the student.

2. If the education agency determines the student is without appropriate representation, a surrogate parent must be appointed from the education agency’s pool of trained surrogate parents within ten calendar days.

3. The superintendent/designee must send written notification of the appointment to the surrogate parent and the person/agency that made the request for the appointment.

4. The educational placement of the student may not be changed during the surrogate parent appointment process prior to the participation of an assigned surrogate parent. However, this would not prohibit the education agency from using the normal due process procedures to remove a student from a situation where clear and compelling evidence shows that there is a likelihood that harm may come to the student or others.

◆ Qualifications ◆

A person selected as a surrogate parent may not have interests that conflict with the interests of the student. The surrogate parent must have knowledge and skills which ensure adequate representation of the student. In addition, the surrogate parent cannot be an employee of any education agency which is involved in the education of the student and cannot be a State Education Agency employee.

Persons who otherwise qualify to act as surrogate parents are not considered to be an employee because they are paid by the agency to serve as a surrogate parent.

◆ Foster Parent ◆

If the biological or adoptive parent's authority to make educational decisions on the child's behalf has been removed under State law, and if the foster parent is otherwise qualified, he/she may elect to also serve as their foster child’s parent in matters relating to education. The foster parent is not required to receive training or be formally appointed by the education agency.

◆ Scope of Representation ◆

A surrogate parent may represent the student in all matters related to the identification, evaluation, educational placement, and the provision of a free appropriate public education for the student.
**Surrogate Parent Training**

Surrogate parents must be trained in their responsibility by the education agency. Surrogate parents should also be trained on the *Special Education Rights*, and other topics as needed.

**Rescission of an Appointment**

Rescission shall occur when:

1. A surrogate parent sends written notice to the education agency of their resignation; or

2. A surrogate parent has been unable or un-willing to perform assigned responsibilities; or

3. A student no longer requires a surrogate parent.

**Records**

1. A tracking system of students who were considered for or who were appointed a surrogate parent must be maintained by the education agency.

2. Copies of letters and other data relative to the student’s consideration for surrogate parent services must be maintained by the education agency.

3. Documentation of surrogate parent training must be maintained by the education agency.

For more information contact:

Alabama State Department of Education  
Special Education Services  
Post Office Box 302101  
Montgomery, Alabama 36130-2101  
Telephone: (334) 242-8114  
TDD: (334) 242-8406
**REQUEST TO APPOINT A SURROGATE PARENT**

Date Completed: ________________________

<table>
<thead>
<tr>
<th>Student’s Name: ________________________</th>
<th>SSN: ________________________</th>
<th>Birthdate: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: ________________________________</td>
<td>Area of Disability: ________________________</td>
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</table>

<table>
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<tr>
<th>The Child Resides With: __________________________</th>
<th>Request Made By: __________________________</th>
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</thead>
<tbody>
<tr>
<td>Name: __________________________________________</td>
<td>Name: _______________________________________</td>
</tr>
<tr>
<td>Agency (if applicable): __________________________</td>
<td>Title: __________________________</td>
</tr>
<tr>
<td>Address: ________________________________________</td>
<td>Agency: __________________________</td>
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<tr>
<td>____________________________________________________________________</td>
<td>Business Address: __________________________</td>
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<tr>
<td>Telephone: ______________________________________</td>
<td>Telephone: __________________________</td>
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<tr>
<td>Relationship: ____________________________________</td>
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</tbody>
</table>

**OFFICE USE ONLY**

**A surrogate parent is needed because:**

A parent or guardian cannot be identified and located, and

- The student is a ward of the state in
  - Permanent* ___ Temporary* ___
  - Custody of ______________________
  - County DHR.
  - Caseworker Name _____________
  - Phone __________________________

- The student is provided physical care by an agency or institution other than a foster home.

* Determine if educational rights have been removed from the parent.

I have determined that, according to 34 CFR §300.515, this student is without parental representation.

Superintendent/Designee

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Request to Appoint

5/12/08
Information Needed:  Appointment

________________________________________________________________________

Date

________________________________________________________________________

________________________________________________________________________

Dear ____________________:

Your request to appoint a surrogate parent for _____________________________ has been received. Additional information must be submitted before further action can be taken. A Request to Appoint a Surrogate Parent form is enclosed identifying the information needed.

If you have questions, please contact:

________________________________________________________________________  ___________________________

Name                                      Telephone

Sincerely,

_____________________________________

Superintendent/Designee

Enclosure
Dear __________________:

The request to appoint a surrogate parent for __________________________ has been reviewed. There is no need for the services of a surrogate parent at this time because the student:

- Is not currently enrolled in this school system/agency.
- Is not in the custody of the State and has a parent to represent him/her in educational matters.
- Is in temporary custody of the State, provided care by an agency other than foster care, and has a parent to represent him/her in educational matters.
- Is in custody of the State, placed in foster care, and is represented by the foster parent in educational matters. If the foster parent does not wish to represent the student, please advise this office so that a surrogate parent can be appointed.
- Has a parent to represent him/her in educational matters.
- Has a guardian to represent him/her in educational matters.
- Has a person acting as a parent to represent him/her in educational matters.
- Withdrew from this school system/agency prior to determination of need being made.
- Has a surrogate parent to represent him/her in educational matters.
- Other. __________________________

If you have information that may affect the eligibility for surrogate parent services for this student, please contact:

______________________________ ________________________________
Name Telephone

Sincerely,

______________________________
Superintendent/Designee
Dear ____________________:

As requested by ____________________, you have been appointed to serve as a surrogate parent for ____________________, a student enrolled in the ____________________ School System. This appointment is necessary because this student:

______ Is in permanent custody of the State and does not have a parent to represent him/her in educational matters.

______ Is in temporary custody of the State, provided care by an agency other than foster care, and does not have a parent to represent him/her in educational matters at this time.

It has been documented that you have received the required training, do not have a conflict of interest, and are knowledgeable about matters relating to the student.

You will act as the parent related to the identification, evaluation, placement, and the provision of a free appropriate public education for the student. Other authority is not given nor intended. The length of this appointment will be until you give written notice to this office of your resignation, you receive written notice from this office that the student is no longer eligible for the services of a surrogate parent, or you are unable or have not actively represented the student in educational matters.

If you have questions or you become aware of a change in this student’s custody status, please contact:

_________________________  ____________________________
Name                              Telephone

Sincerely,

_________________________
Superintendent/Designee

cc:  Person Requesting the Appointment
SURROGATE PARENT RESCISSION REQUEST

Date Completed: ______________________

Student’s Name: ______________________ SSN: ______________________ Birthdate: ______________________

School: ____________________________ Area of Disability: ____________________________

The Child Resides With: ______________________  Rescission Requested By: ____________________________

Name: ____________________________ Name: ____________________________

Agency: ____________________________ Title: ____________________________

Address: ____________________________ Agency: ____________________________

________________________________________ Address: ____________________________

Telephone: ____________________________ Telephone: ____________________________

Relationship: ____________________________ Telephone: ____________________________

The surrogate parent to be rescinded is: (name) ____________________________

(address) ____________________________

(telephone) ____________________________

Reason for Rescission Request. The student:

______ Has withdrawn from this school system/agency.

______ Was declared not eligible for special education services.

______ Is no longer eligible for special education services.

______ *Is in the custody of the State, placed in foster care, and is represented by the foster parent in educational matters.

______ Has a parent to represent him/her in educational matters.

______ *Has a guardian to represent him/her in educational matters.

______ Has a person acting as a parent to represent him/her in educational matters.

______ Has graduated.

______ Has reached the age of majority.

______ Other. ________________________________________________________________

* Must be verified with County Department of Human Resources
Information Needed: Rescission

Date

Dear ______________________:

The request relative to the surrogate parent rescission for ______________________________ has been received. Additional information must be submitted before further action can be taken. A Surrogate Parent Rescission Request form is attached identifying the information needed.

If you have questions, please contact:

_________________________________  ______________________________
Name                                      Telephone

Sincerely,

_________________________________
Superintendent/Designee

Enclosure
Letter of Rescission

__________________________________________________________________________

Date

__________________________________________________________________________

__________________________________________________________________________

Dear ____________________:

Your appointment to serve as a surrogate parent for __________________________
has been rescinded effective upon receipt of this letter because:

The Student:

_____ Has withdrawn from this school system/agency.

_____ Was declared not eligible for special education services.

_____ Is no longer eligible for special education services.

_____ Is in the custody of the State, placed in foster care and is represented by the foster parent in education matters.

_____ Has a parent to represent him/her in educational matters.

_____ Has a guardian to represent him/her in educational matters.

_____ Has a person acting as a parent to represent him/her in educational matters.

_____ Has graduated.

_____ Has reached the age of majority.

_____ Other: __________________________

You:

_____ Requested to be relieved of your surrogate parent appointment.

_____ Have been unable to fulfill your responsibilities as a surrogate parent.

_____ Other: __________________________

If you have questions, please contact:

_________________________ __________________________

Name Telephone

Sincerely,

_________________________

Superintendent/Designee
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Social Security No.</th>
<th>Disability</th>
<th>Custody Status</th>
<th>Date of Request</th>
<th>Date Surrogate Request Recv’d</th>
<th>Date &amp; Action</th>
<th>Surrogate’s Name or Reason for Denial</th>
<th>Date Surrogate Trained</th>
<th>Rescission Date and Reason</th>
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</tbody>
</table>
The term “parent” means a biological or adoptive parent, a foster parent, a guardian, a person acting as a parent of the child, or a surrogate parent who has been appointed in accordance with 34 CFR §300.519. The term does not include the State if the child is a ward of the state, 34 CFR §300.30.

<table>
<thead>
<tr>
<th>Who provides physical care?</th>
<th>Who has legal custody?</th>
<th>Is a surrogate parent needed?</th>
<th>What is the rationale?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Biological parent</td>
<td>Biological parent</td>
<td>NO</td>
<td>In cases where the parent or a person other than the biological parent (i.e. a legal guardian) has legal custody of a child, that individual has authority over educational decisions on behalf of the child. This is true whether or not this individual provides physical care.</td>
</tr>
<tr>
<td>2. An agency or institution</td>
<td>Biological parent</td>
<td>NO</td>
<td>The biological parent represents their child.</td>
</tr>
<tr>
<td>3. An adult other than biological parent</td>
<td>Same person</td>
<td>NO</td>
<td>The adult having legal custody, other than the biological parent, represents the child.</td>
</tr>
<tr>
<td>4. An agency or institution</td>
<td>A person other than biological parent</td>
<td>NO</td>
<td>The person having legal custody, other than the biological parent, represents the child.</td>
</tr>
<tr>
<td>5. Biological parent(s)</td>
<td>The state, court, state agency or an institution</td>
<td>NO</td>
<td>In cases where a biological parent is raising the child but the state or court remains custodian, that biological parent retains authority over educational decisions.</td>
</tr>
<tr>
<td>6. A person acting as the parent of the child</td>
<td>Undetermined</td>
<td>NO</td>
<td>Documented efforts must be made to locate the biological parent or legal guardian so that they can represent the child. If legal custody of the child cannot be determined but an individual is raising the child, the individual is considered to be a person acting as the parent and has authority over educational decisions on behalf of the child.</td>
</tr>
<tr>
<td>7. Foster home/family</td>
<td>In custody of the state, court, state agency, or an institution and has a parent available</td>
<td>NO</td>
<td>There is no need for a surrogate parent. The foster parents represent the child. If they choose not to represent the child in educational matters then a surrogate parent is appointed.</td>
</tr>
<tr>
<td>8. Foster home/family</td>
<td>In custody of the state, court, state agency, or an institution and does not have a parent available</td>
<td>NO</td>
<td>The foster parent is the person acting as the parent and a surrogate does not need to be appointed unless the foster parent chooses not to act as the parent in educational matters.</td>
</tr>
<tr>
<td>9. Adoptive parents or prospective adoptive parents</td>
<td>The state, court, state agency, or an institution</td>
<td>NO</td>
<td>For a child in an adoptive home where the adoption is final or legal proceedings have been initiated for adoption, the adoptive parent will have authority over educational decision making.</td>
</tr>
<tr>
<td>10. Agency or institution</td>
<td>The state, court, state agency, or an institution and has a parent</td>
<td>NO</td>
<td>The parent represents the child in this case. If the parent cannot be located, then a surrogate parent is appointed.</td>
</tr>
<tr>
<td>11. Agency or institution</td>
<td>The state, court, state agency, or an institution and does not have a parent</td>
<td>YES</td>
<td>For a child in legal custody of the state, court, state agency, or institution, and who is placed in a facility other than a foster home, a surrogate parent must be appointed. The surrogate parent selected and assigned to a child: (1) Cannot have a conflict of interest with the interests of the child represented, (2) Must have knowledge and skills which ensure adequate representation of the child, (3) Cannot be an employee of any public agency which is involved in the education or care of the child, and (4) Cannot be an employee of the State Education Agency.</td>
</tr>
</tbody>
</table>