

Designation of Surrogate Parent

M _____ is appointed a surrogate parent for _____,
(Name of surrogate) (Student name)
whose parents are unable to be located/unknown or who is a ward of the state.

As a surrogate parent, M _____ has completed the surrogate parent
training on _____ and has agreed to the requirements established for
(Date)
surrogate parents as listed below:

- visit the child and the child's school
- consult with other individuals involved in the child's education
- review the child's records
- attend meetings to develop the individualized education program (IEP)
- make educational decisions in the child's best interest
- avoid and declare any conflict of interest as a surrogate parent
- exercise the child's due process rights under applicable law

At this time I feel that there is no conflict of interest between the interests of the child I represent as a surrogate parent and my interests or the interests of an agency with whom I am employed. I am trained to serve as a surrogate parent and am willing to assume those responsibilities.

Signature of Surrogate Parent: _____ Date: _____

District/Facility Representative: _____ Date: _____