

# Surrogate Parent Letter of Agreement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home phone: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Work address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Work phone: \_\_\_\_\_

**As a surrogate parent I agree to the following:**

\_\_\_\_\_ to complete a training program as required by the district in which I will serve as a surrogate parent, in accordance with Commissioner's Rule 19 Texas Administrative Code (TAC) 89.1047;

\_\_\_\_\_ to visit the child, and the child's school

\_\_\_\_\_ to review the child's educational records;

\_\_\_\_\_ to consult with all relevant individuals involved in the child's education;

\_\_\_\_\_ to attend educational planning meetings and participate in developing the child's Individualized Education Program (IEP);

\_\_\_\_\_ to exercise independent judgment in the child's best interest and remove myself if there is a conflict of interest with my role as a surrogate parent.

\_\_\_\_\_  
Signature of Surrogate Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of District Representative