San Diego Unified School District
Special Education Programs Division

Surrogate Parent Request

Contact Special Education Program Manager

STUDENT NAME (last, first, middle initial)	ID NUMBE/BIRTHDATER	GENDER	GRADE	CURRENT DATE

SCHOOL	CASE MANGER	TELEPHONE NUMBER ( )

1. Are the whereabouts of the parent known? ❏ Yes ❏ No ❏ Don't Know

2. Have parental rights been terminated by court order? ❏ Yes ❏ No ❏ Don't Know

   If yes, specify method of verification. _____

3. Is the student in Foster Care or a ward of the state? ❏ Yes ❏ No

   A. With a foster family? (*specify*) _____

   How long in current foster home? _____

   B. In a group home? (*specify)* _____

   How many students in the group home? _____

4. Is this student presently receiving IEP services? ❏ Yes ❏ No

   A. Eligibility: _____

   B. If not, is the student presently under consideration by the Student Study Team (SST) and being referred for evaluation? ❏ Yes ❏ No

Comments:

_____

_____

_____

Name of the Department of Social Services caseworker _____

Telephone Number (_____)_____

SIGNATURE OF PERSON COMPLETING FORM	DATE	TITLE	TELEPHONE

Completed by Program Manager

Date Requested Received____/____/____

- Student meets criteria for surrogate parent:
  Name of surrogate _____   Date Assigned _____/___/___
- Student does not demonstrate the need for a surrogate parent because:

_____

_____

_____

SIGNATURE OF DISTRICT REPRESENTATIVE	DATE

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