



San Diego Unified School District
Supports for Children and Youth in Transition

Educational Surrogate Request Form

Table with 5 columns: STUDENT NAME (last, first, middle initial), ID NUMBER/BIRTHDATE, GENDER, GRADE, CURRENT DATE. Row 2: SCHOOL, CASE MANAGER, TELEPHONE NUMBER ()

- 1. Are the whereabouts of the parent(s) known? [] Yes [] No [] Don't Know
2. Have the 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:

Three horizontal lines for writing comments.

Name of the Department of Social Services caseworker: _____

Telephone Number: () _____

SIGNATURE OF PERSON COMPLETING FORM DATE TITLE TELEPHONE

TO BE COMPLETED BY CHILDREN & YOUTH IN TRANSITION OFFICE

Date Request Received _ / _ / _

- Student meets criteria for educational surrogate : Y or N
Name of educational surrogate: _____
• Student does not demonstrate the need for an educational surrogate because:

Three horizontal lines for writing reasons for not demonstrating need.

SIGNATURE OF DISTRICT REPRESENTATIVE DATE