Educational Surrogate Request Form

<table>
<thead>
<tr>
<th>STUDENT NAME (last, first, middle initial)</th>
<th>ID NUMBER/BIRTHDATE</th>
<th>GENDER</th>
<th>GRADE</th>
<th>CURRENT DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL</td>
<td>CASE MANAGER</td>
<td>TELEPHONE NUMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________

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:
  ________________________________
  ________________________________

SIGNATURE OF DISTRICT REPRESENTATIVE          DATE

Rev. 1/12