

Ventura County SELPA

**FOSTER PARENT AGREEMENT TO REPRESENT  
SPECIAL EDUCATION STUDENT**

(Biological parents must have had educational rights limited by a court of law)

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

Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

District: \_\_\_\_\_

School: \_\_\_\_\_

Name of Foster Parent: \_\_\_\_\_

“Foster Parent,” according to EC 56055 (d) includes “a person, relative caretaker, or nonrelative extended family member as defined by Section 362.7 of the Welfare and Institutions code, who has been licensed or approved by the county welfare department, county probation department, or the State Department of Social Services, or who has been designated by the court as a specific placement.”

Agency placing child: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My signature below indicates my willingness to serve as the educational representative for the above child in all matters relating to:

- Identification
- Assessment
- Instructional planning and development
- Educational placement
- Receiving and revising an Individualized Education Program (IEP)
- All other matters related to provision of a free, appropriate, public education

I will undertake these duties until revoked by me in writing, or until the foster parent-foster child relationship ends.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_