

**Ventura County SELPA**

EDUCATIONAL REPRESENTATIVE  
(Surrogate Parent)

**INFORMATION / REGISTRATION**

Name: _____	Date _____
Home Address: _____	
Home Telephone Number: _____	
Employer: _____	
Business Address: _____	
Ethnicity: _____	

Have you had **any** affiliations with Ventura County SELPA in **any** capacity as a parent or a professional?

Yes  No

If so, what was your role and which school were you associated with? \_\_\_\_\_

Are you willing to participate in a training on the role, rights, and responsibilities of an educational representative?

Yes  No

To serve as an educational representative, it must be established that you have no interests that conflict with the interests of the child. Therefore, we are asking you to answer the following questions:

Are you an employee of Ventura County SELPA, any school district within the Ventura County SELPA, or any public agency involved in the education or care of the child?

Yes  No

Do you hold a job that might restrict or bias your ability to advocate for the child's educational needs?

Yes  No

Do you hold any position that might subject you to administrative influence or reprimand for the faithful execution of your duties as an educational representative?

Yes  No

Do you hold any opinion or institutional bias against Ventura County SELPA or the public agencies involved in the education or care of the child?

Yes  No