

Ventura County SELPA

**SURROGATE PARENT EVALUATION**

Educational Representative's Name: _____	
Student's Name: _____	
Student's Date of Birth: _____	
Date of Last IEP: _____	School: _____

**Evaluation of Educational Representative:**

- Yes     No    Responded to all school correspondence.
- Yes     No    Visited child in program as appropriate.
- Yes     No    Actively participated in the IEP process.
- Yes     No    Maintained confidentiality requirements.
- Yes     No    Met and conferred with all teachers and related staff working with student.
- Yes     No    Performed duties with adequate knowledge and skills.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reappointment Recommended:                       Yes                       No

Completed By: _____
Position: _____ Date: _____

Copy :     United Parents, 5151 Verdugo Way, Suite 204, Camarillo, CA 93012 or fax (805) 523-8558  
          Ventura County SELPA, 777 Aileen Street, Camarillo, CA 93010 or fax (805) 482-2409