

Ventura County SELPA
APPOINTMENT/ACCEPTANCE OF SURROGATE PARENT

I appoint _____ to act as Surrogate Parent in matters involving the education of _____.

Name

D.O.B.

This representative shall have parental authority in matters relating to identification, assessment, instructional planning and development, educational placement, reviewing and revising the Individualized Education Program, and in other matters relating to the provision of a free appropriate education for the individual.

This appointment shall remain in effect until any of the following occur:

1. Conflict of interest.
2. Student is no longer eligible for special education.
3. Surrogate Parent does not perform duties adequately, as per **Surrogate Parent Evaluation Form (SP-4)**.
4. Parent is located and/or the student reaches the age of 18.

School District Special Education Administrator

Telephone

Date

Acceptance of Appointment

I, _____, hereby accept the above appointment. At such time as I am unable or unwilling to continue this appointment, I will notify the District Special Education Administrator designated above. I understand that I shall be held harmless by the State of California when acting in my official capacity as Surrogate Parent except for acts or omissions which are found to have been wanton, reckless, or malicious.

I am aware that Ventura County SELPA provides training regarding the laws applicable to the IEP process, Surrogate Parent's responsibilities, the continuum of education program placements, and opportunities available for individuals with exceptional needs.

I agree to maintain all student records and information in a confidential manner. Upon the termination of this agreement, I will return all such records to _____.

Surrogate Parent: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ Telephone: _____

Copy: Student file copy
 Ventura County SELPA, 5100 Adolfo Rd.,
Camarillo, CA 93012, (805) 437-1560, (805) 437-1599 Fax

Surrogate
 Other Agency