

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:

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

Comments: _____

Reappointment Recommended: Yes No

Completed By: _____
Position: _____ Date: _____

Copy : United Parents, 391 S. Dawson Dr., Suite 1A, Camarillo, CA 93012 or fax (805) 384-1080
 Ventura County SELPA, 5100 Adolfo Road, Camarillo, CA 93012 or fax (805) 437-1599