

SAN MATEO COUNTY SELPA

LEA: _____

APPOINTMENT OF SURROGATE PARENT

I appoint _____ to act as surrogate parent in matters involving the education of _____. This representative shall have parental authority in matters relating to identification, assessment, instructional planning and development, educational placement, reviewing and revising the Individualized Family Service Plan (IFSP) or the Individualized Education Plan (IEP) including non-emergency medical services, mental health services and occupational or physical therapy services as relating to the IFSP/IEP, 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. The pupil's parent is located and/or appoints an educational representative.
2. The surrogate parent is unwilling or unable to carry out his/her responsibilities to the best interest of the child.
3. The surrogate parent is in a position with a conflict of interest in the above matter.

 LEA Special Education Administrator Date

Telephone

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 LEA Special Education Administrator designated above. I understand that I shall be held harmless by the State of California when acting in my official capacity except for acts or omissions which are found to have been wanton, reckless, or malicious.

I acknowledge that _____ has provided information/training regarding the laws applicable to surrogate parent responsibilities and the continuum of education program placements and opportunities available for individuals with disabilities.

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 Telephone