



**Appendix I
Maine Educational Surrogate Parent Program
Volunteer Application to Become an Educational Surrogate Parent**

Date:		Name:	
Mailing address:		City/Town:	
State:		Zip code:	
Employer:			
Home phone:		Work phone:	
Email:			

Are you able to attend meetings at school during the day?

Yes	No
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Please list your experiences and/or education related to children/students or youth, which you feel may be helpful in your role as an educational surrogate parent:

Do you have any preferences or exceptions regarding the child's school location or type of disability, length of appointment, or your availability to attend meetings related to a child assigned to you?

Please list two references we may contact:

Name	Telephone	Relationship	Street address	City	State	Zip code

Can you suggest others who may be interested in volunteering as a surrogate parent?

Name

Telephone

Maine Educational Surrogate Parent Confidentiality Agreement

I agree to have access to relevant educational records with an understanding of the confidentiality of materials. Under no circumstances shall I duplicate, disseminate or verbalize to unauthorized persons any information regarding the child/student I represent.

I fully understand that access to these records and knowledge of the material is only for the purpose of implementing and maintaining a child/student's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Understanding that every citizen has the right to privacy, I understand that the educational records are to be considered personal and private, and should, in no way, be used in a prejudicial or judgmental manner.

Date:

Signature of Educational Surrogate Parent

Please return to: Maine Department of Education, Surrogate Parent Program, 23 State House Station, Augusta, ME 04333-0023.

Telephone: (207) 624-6650

Website: <http://www.maine.gov/education/surr/index.html>

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