

FOR OFFICE USE ONLY

Request Received:

Child's ID:

Surrogate Parent ID:

Appointed:

Notes:



Request for Appointment of Special Education Surrogate Parent

Student's Name:

DOB:

Disability:

Is the student an unaccompanied homeless youth?

☐ YES ☐ NO

Is the student a State Ward?

☐ YES ☐ NO

Child's Current Caregiver/Agency:

DHHS Caseworker:

Contact:

Regional Office:

Address:

Address:

City, State Zip:

City, Zip:

Phone:

Phone:

Current School Name:

Special Ed. Director:

Address:

Phone:

City, Zip:

SAU Name and Address:

Education Contact:

Notes:

Phone:

Current Programming/Placement:

☐ None

☐ Referral

☐ Public School (Regular Ed, Resource, Self-Contained, Day Treatment, Other)

☐ Special Purpose Private School (Day Only)

☐ Residential Treatment Center

☐ Home/Hospital

Are there any special considerations for appointing an special educational surrogate parent?

Recommendation for Special Educational Surrogate Parent: Grandparents, Extended Family/Friends; Former Foster Parents; In some cases, biological parents have served for state wards with the approval of DHHS

| | |
|-------------------|------------------------|
| Name: | Relationship to child: |
| Address: | Email: |
| City, State, Zip: | Phone: |
| Name: | Relationship to child: |
| Address: | Email: |
| City, State, Zip: | Phone: |

| | |
|--|--------|
| Name & title of Individual making referral: | Date: |
| Email: | Phone: |

| |
|---|
| Additional information/comments: |
|---|

Please return to:

Email: sarah.ferguson@maine.gov

Fax: (207) 624-6683

Mail:
Maine Department of Education
Surrogate Parent Program
23 State House Station
Augusta, ME 04333-0023

Contact – Sarah Ferguson
207 592-6498

Update 7/21/25

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