

FOR OFFICE USE ONLY	
Application received:	Educational Surrogate Parent number:



Special Education Surrogate Parent Volunteer Application

If you are applying to be a surrogate for *only one specific child*, please fill out the Specific Child Only Special Education Surrogate Parent Application, available on the Maine Department of Education website.

Name:	Mailing Address:
DOB:	City:
Phone:	Home Email:
Alternate Phone:	Alternate Email:
Employer:	How do you prefer to be contacted?
	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text

Please list your experiences and/or education which may be helpful in your role as an educational surrogate parent.

Do you have any preferences regarding the child's location, type of disability, age, gender?

☐ No
 ☐ Yes - Please specify

Please list three references that can speak to your character and abilities to fulfill the position.

Name	Email	Phone	Relationship

Maine Special Education 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 Services Plan (IFSP) or Individualized Education Program (IEP). I understand 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: _____

Do you know of anyone else that may be interested in volunteering to be an educational surrogate parent?

Name	Email	Phone	Relationship

Please return to:

Email: sarah.ferguson@maine.gov

Fax: (207) 624-6683

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

Contact – Sarah Ferguson
207 592-6498

FOR OFFICE USE ONLY	Received:	SURROGATE PARENT ID:	
Reference Check 1:		Reference Check 2:	
Approved:	Letter Sent:	Resigned:	Letter Sent:
CHILD ID:	Appointed:	Resigned:	Removed/Expired:
CHILD ID:	Appointed:	Resigned:	Removed/Expired:
CHILD ID:	Appointed:	Resigned:	Removed/Expired:
CHILD ID:	Appointed:	Resigned:	Removed/Expired: