

FOR OFFICE USE ONLY

Request Received:	Child's ID:
Surrogate Parent ID:	Appointed:
Notes:	



Request for Appointment of Special Educational Surrogate Parent

Student's Name:	DOB:
Disability:	

Is the student an unaccompanied homeless youth? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the student a State Ward? <input type="checkbox"/> YES <input type="checkbox"/> 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:	Notes:
Education Contact:	
Phone:	

Current Programming/Placement:	<input type="checkbox"/> None <input type="checkbox"/> Referral <input type="checkbox"/> Public School (Regular Ed, Resource, Self-Contained, Day Treatment, Other) <input type="checkbox"/> Special Purpose Private School (Day Only) <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Home/Hospital
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Are there any special considerations for appointing an special educational surrogate parent?
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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