|  |
| --- |
| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Appointment/Acceptance of Surrogate Parent** |
| DIRECTIONS: This form may be used to appoint a surrogate parent for a student placed outside a parental home by a public agency when the educational rights have been removed from the parent by the court. If parents cannot be located this form may be used to appoint a surrogate. |
| 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 education program, and in other matters relating to the provision of a free appropriate public education for the child.This appointment shall remain in effect until any of the following occur: |
| 1. | The child’s parent is located. |  |
| 2. | The surrogate parent is unwilling or unable to carry out his or 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 Representative Signature: |  | Date: |  |
| District: |  | Contact Phone: |  |
|  |  |  |  |
| ACCEPTANCE OF APPOINTMENT |
| I, |  | , hereby accept the appointment as surrogate parent. |
| At such time I am unable or unwilling to continue this appointment; I will notify the appropriate district director of special education. 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 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 Signature: |  | Date: |  |
| Street Address: |  | City: |  | Zip Code: |  |
| Home Phone: |  | Work Phone: |  | Other Phone: |  |