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| **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: | | | | |  | | | |