SURROGATE PARENT REQUEST FORM
INSTRUCTIONS

These instructions are intended to stream line accurate communication regarding the request process for Educational Surrogate Parents (ESPs). The ESPs request form was developed to help us collect data regarding students, facilities, and volunteer Educational Surrogate Parents.

Please review your request before submitting it to make sure it is complete and accurate. This will help expedite your request.

REQUESTOR (Left Corner Box)
> ➢ Please check the respective box, to indicate whether you work for the residential facility or the school district.

DATE
> ➢ The "Date of Submission" must match the date the request is e-mailed or faxed.

CHILD INFORMATION
> ➢ Student Name – The student's name must be his/her full name (no nicknames). Please double check the spelling. This will assist in finding the student in the data system.

> ➢ Date of Birth – Please ensure that the child's date of birth is accurate.

> ➢ Gender/Ethnicity/Language - Remember to select a box for gender, ethnicity, and language *(this information tends to be overlooked and as a consequence, the form is incomplete, requiring a delay in assignment of an educational surrogate parent).*

SPECIAL EDUCATION INFORMATION
> ➢ IEP – Check this box if the student currently has an IEP.

> ➢ Evaluation in Progress – Check this box if the student is currently in the process of having an initial evaluation. Upon completion of the evaluation, please provide information about the student's eligibility. If the results determine that the student is **NOT** eligible, you will need to submit a withdrawal form.

> ➢ Resident School District - The resident school district is the school district responsible for the student. Enter the full <u>name and number</u> *(i.e. School District #100)* for the school district even if the student does not attend public school. Please do not write the name of the school, as this will result in a delay of an assignment of an educational surrogate parent. If

you have any questions about the name of the district, you should call the local school and ask for the name of the school district.

PLACEMENT INFORMATION
- ➢ Placement/Facility – Check whether the student resides in a residential facility or is homeless.

- ➢ Facility Name and Code **-** "Placement/Facility Name" must be the residential program where the student resides. The name on the form needs to correspond/match the name in our data system SPINET. Please enter the facility's full name and notice that now there is a section to enter the ***program's code***. If the facility has no code in SPINET, enter N/A in that section. If you do not already have access to SPINET and need to check this information, please e-mail Mr. Adam Morton at amorton@hbug.k12.il.us and he will guide you on how to access this information.

- ➢ Mailing Address, Telephone Number and Fax Number - Please enter the residential facility's address as well as the facility's telephone and fax numbers.

REQUESTOR INFORMATION
- ➢ Name, Title, Telephone Number, and Address – This information is for the contact person sending the request. This is the person that will be contacted regarding any questions about the request or to communicate about the status of the request.

REQUEST INFORMATION (The form may be used for an appointment, a replacement, or a withdrawal – underline check only one)
- ➢ Appointments – If a student is in a residential placement or is homeless and the parent's whereabouts are unknown, then a request may be made for an appointment of an educational surrogate parent. Please include the reason for the appointment *(i.e. student is a ward of the State, student is a ward of the Court, or the student's parents are not available).*

   Please note that if the student is in a foster home the foster parent is the educational surrogate parent and if a student has dropped-out of school and is enrolled in a GED program, that child is not eligible for an educational surrogate parent.

- ➢ Replacement - Check this box when there is a need to replace the current educational surrogate parent and include the reason for the replacement *(i.e. the current surrogate parent cannot be located, no longer wants to serve, has a conflict of interest, refuses the appointment, or is no longer available).*

The role of the educational surrogate parent is to advocate for the student and participate in the student's educational planning. There may be circumstances in which the educational surrogate parent can no longer serve the student and a replacement is required.

➢ Withdrawal – Check this box and provide the reason when there is no longer a need for the educational surrogate parent to represent the student *(i.e. the student no longer receives special education services, has been adopted, moved from the district, has graduated from high school, is over 21 years old, is deceased, or the parents are now available)*.

OPTIONAL
➢ If you would like to request a particular educational surrogate parent, it would be helpful for you to first check in SPINET to see if that individual has openings. If so, you may enter that individual's name in the optional section. If you do not ask for a specific educational surrogate parent, the system will randomly assign one.

Changes in our protocols and data collection may require us to be in communication. Please do not hesitate to contact Ann Denoyer at adenoyer@isbe.net and/or *(217) 782-5589* if you have further questions.