Special Education Surrogate Parent Program

P.O. Box 1184, Westboro, MA 01581-6184

Phone (508) 792-7679 http://www.sespprogram.org

Fax (508) 616-0318 contactus@sespprogram.org

Student Referral

Instructions: Please print using blue or black ink. Send a copy of the completed form to the student's Local School District. Send the original form to the Special Education Surrogate Parent Program.

| 1. STUDENT INFORMATION | | | Date: | | |
|--|---|--------------------------|---|-----------------|--|
| Last Name: | First Name: | | Middle Name: | | |
| | | | | | |
| Gender: Female Male | Date of Birth | n (mm-dd-yyyy): | | Age: | |
| Current Residence (name of congre | gate care program): | | | | |
| Address (Street, City, State and Zip | Code): | | | | |
| Telephone Number: () | How long at this address? | | | | |
| Reminder: For eligible children child placed with her/him h | | | | | |
| | | | | | |
| 2. SCHOOL INFORMATION | | | | | |
| Current Educational Placement (name and address of school): | | | | | |
| Name and Title of Contact Person: | | | | | |
| Telephone Number: () | Telephone Number: () School District: | | | | |
| | | | | | |
| 3. SPECIAL EDUCATION STATUS (Select a or b & fill in the corresponding information.) | | | | | |
| a. The student is currently receiving special education services. | | | | | |
| | e of Services | | xt Team Meeting date (n | ım-dd-yyyy): | |
| ☐ Inclusion | ☐ Substantially | Separate | | | |
| ☐ Day School | ☐ Residential | | | | |
| ☐ Other (please specify): | | | | | |
| □ b. An initial referral for a special education evaluation has been requested. | | | | | |
| Date: | School District: | | | | |
| | | | | | |
| 1. CUSTODY STATUS Voluntary Placements are not eligible for the Special Education Surrogate Parent Program and should not be referred. (Exceptions may be addressed on a case-by-case basis.) | | | | | |
| = C | | the legal custody of DCF | | 2 | |
| Care and Protection (C&P) ProceedingChild Requiring Assistance (CRA) Petition* | | | rotective Probate Court (Non-Protective Probate | • | |
| * In general, an SESP is not recustody due to a CRA (formerly Neither a parent's lack of expert lack of fluency in English is a ba Please attach letter explaining y | "CHINS") petition. tise in Special Educati sis for an SESP Appo | ion nor | n for referral (Non-Protec | ctive Probate): | |
| i icase attach letter explaining y | oui icquest. | | | | |

| 5. Family member or other adult (i.e.: GAL or Visiting Resource) is willing to make educational decisions: | | | | |
|--|---|--|--|--|
| ☐ Yes (If yes, please complete information below) | □ No | | | |
| Last Name: | First Name: | | | |
| Address (Street, City, State and Zip): | | | | |
| Telephone Number: () | | | | |
| Relationship to Child: | | | | |
| Has this person previously applied to this program to become a Spe | ecial Education Surrogate Parent? Yes No Don't Know | | | |
| 6. CHILD'S SOCIAL WORKER | | | | |
| Name: | Telephone Number: | | | |
| Agency: | Èmail: | | | |
| Address (Street, City, State and Zip): | | | | |
| Supervisor's Name: | Telephone Number: | | | |
| 7. REFERRAL SUBMITTED BY: (Complete Only if Other Than the Social Worker) | | | | |
| Name: | Title: | | | |
| Agency: | Telephone Number: | | | |
| Address (Street, City, State and Zip): | | | | |
| Please Note: A Case Coordinator from the Special Education Surrogate Parent Program will be contacting you to verify the information provided on this referral. | | | | |
| Signature of person completing referral: | | | | |
| Did you – □ Fill out the form completely? □ Attach a list of all persons to be notified of the Special Education Surrogate Parent appointment? □ Send a copy of this form to the student's school district? | | | | |
| Mail Original To: Special Education Surrogate Parent Program P.O. Box 1184 Westboro, MA 01581 | | | | |