



# Educational Surrogate Parent Program

## Educational Surrogate Parent Referral Form

**Instructions:** Please print using blue or black ink or type.

**REFERRAL DATE:** \_\_\_\_\_  
(date form submitted to the OSSE)

### A. Student Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_ Sex:  F  M

Current Living Arrangement (*residence, group home, etc*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s) (*list as many as known*): \_\_\_\_\_

How long has the student been at this address? \_\_\_\_\_

### ***Reason for Referral***

The Individuals with Disabilities Education Act requires that an Educational Surrogate Parent be appointed to ensure the rights of a child with a disability, or a child suspected of having a disability, when: 1) no parent, as defined by IDEA, can be identified; (2) a public agency, after reasonable efforts, cannot locate a parent; 3) the child is a ward of the District; or 4) the child is an unaccompanied homeless youth as defined by the McKinney-Vento Homeless Assistance Act. All District agencies and contracted privates agencies must make a referral to the DC Office of the State Superintendent for the appointment of an Educational Surrogate Parent for any student who may meet this definition.

*Please check all categories that apply (This is not an exclusive list, if the categories below do not accurately reflect the student's situation please check other and continue with the referral):*

- The student's birth or adoptive parent(s) cannot be identified or located
- The student's birth or adoptive parent(s) do not regularly attend school meetings or make special education decisions
- The educational decision-making rights of the student's birth or adoptive parent(s) have been terminated by a court order
- The student is in foster care and the student's foster parent(s) are not able to attend school meetings or make special education decisions
- The student is living in a group home or other residential facility
- The student is an unaccompanied homeless youth
- Other: (Please explain briefly: \_\_\_\_\_)

**B. School Information**

School the Student is Currently Attending: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & Title of Special Education Contact: \_\_\_\_\_

Telephone Number(s) For Contact: \_\_\_\_\_ Main School Number: \_\_\_\_\_

Type of School (*choose one*):  DCPS       Charter-Own LEA       Charter-DCPS LEA

Public School in a Surrounding County (DC wards only)

Nonpublic Day       Nonpublic Residential

Other Private Day       Other Private Residential

**C. Special Education Status (*please choose one & provide requested information*)**

The student is currently receiving special education services.

Date of Current IEP: \_\_\_\_\_ (*please attach*)

Date of Next Team Meeting: \_\_\_\_\_

The student is not currently receiving special education services. An initial referral for a special education evaluation has been requested.

Date of Referral: \_\_\_\_\_

Referred by: \_\_\_\_\_ (*name & relationship to student*)

**D. Family Information/Custody Status**

**Parent 1**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current/Last Known Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s) (*list as many as known*): \_\_\_\_\_

Is this Parent deceased?  Yes  No  Unknown

Does the student have any contact with this Parent?  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_

Have this Parent's education decision-making rights been terminated by court order?

Yes (*please attach order*)  No  Unknown

Parent 2

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current/Last Known Address: \_\_\_\_\_  
(If different than Parent 1)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s) (*list as many as known*): \_\_\_\_\_

Is this Parent deceased?  Yes  No  Unknown

Does the student have any contact with this Parent?  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_

Have this Parent's education decision-making rights been terminated by court order?

Yes (*please attach order*)  No  Unknown

Other Family Members

Does the student currently reside with any adult family members?  Yes  No

If yes, please identify:

\_\_\_\_\_  
(Name) (Relationship) (Phone No.)

\_\_\_\_\_  
(Name) (Relationship) (Phone No.)

Are there any adult family members or any other adults who are willing to make educational decisions for the student? (*adult sibling, relative, mentor/tutor, foster parent, etc.*)  Yes  No

If yes, please identify:

\_\_\_\_\_  
(Name) (Relationship) (Phone No.)

\_\_\_\_\_  
(Name) (Relationship) (Phone No.)

**E. Agencies Involved with the Student**

Is the student a ward of the District of Columbia?  Yes  No

*If yes, please provide the following information regarding the student's Social Worker or Case Manager:*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name and Phone Number: \_\_\_\_\_

Please identify any other local agencies with which the student may have contact (*DYRS, DMH, etc.*) and provide any relevant contact information, if known:

\_\_\_\_\_

\_\_\_\_\_

**F. Individuals to be Notified of any Education Surrogate Parent Appointment**

Individuals who may be currently involved in other decision-making regarding the student will need to be notified if an Educational Surrogate Parent is appointed. Please list any individuals not previously identified in this referral including Guardian ad litem (GALs), other involved attorneys, judges, mentors, adult family members, etc. Please attach additional sheets as necessary.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**H. Attachments/Additional Information**

Upon the appointment of an Educational Surrogate Parent, the following documents should be provided immediately to the appointed Surrogate. To facilitate this process, please submit a copy of any of the following records with the completed referral form:

- Current IEP
- Evaluations
- Recent Report Cards
- Any known Hearing Officer Determinations or Settlement Agreements
- Any other relevant educational documents

**G. Submission of Referral**

To complete this referral, please sign and provide this form and any attachments to the Educational Surrogate Parent Program by email at [surrogate.parent@dc.gov](mailto:surrogate.parent@dc.gov) (preferred). If you need to fax or mail the form, please call the OSSE at (202) 727-6436 and ask for the current fax or mailing address for the Educational Surrogate Parent Program. *The OSSE must make reasonable efforts to ensure the assignment of an Educational Surrogate Parent not more than 30 days after a public agency determines that one should be appointed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_