

## **SURROGATE PARENTS**

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## SURROGATE PARENT PROCEDURES

### 12.1 BASIC CRITERIA FOR APPOINTING A SURROGATE PARENT

The LEA shall make reasonable efforts to ensure the appointment of a surrogate parent not more than 30 days after there is a determination by the LEA that the child needs a surrogate parent. Determination of need for a surrogate parent shall be made when one or more of the following circumstances occur:

1. The child is adjudicated a dependent or ward of the court either at the time of a referral of the child to the LEA for special education and related services or in cases where the child already has a valid IEP and the court has specifically limited the right of the parent or guardian to make educational decisions for the student, or the student has no responsible adult to represent him or her;
2. No parent for the child can be identified;
3. The local educational agency, after reasonable efforts, cannot discover the location of a parent; or
4. The child is an unaccompanied, homeless youth as defined in the federal McKinney-Vento Homeless Assistance Act.

A surrogate parent shall not be appointed for a child who has reached the age of majority unless the child has been declared incompetent by a court of law.(26.5 Gov. Code § 7579.5(a)(1)-(3) and § 7579.6(a)-(b))

### 12.2 SELECTION OF SURROGATE PARENT

When appointing a surrogate parent, the LEA shall, as a first preference, select a relative caretaker, foster parent, or court appointed special advocate, if any of these individuals exist and is willing and able to serve. If none of these individuals is willing or able to act as a surrogate parent, the LEA shall select the surrogate parent of its choice. If the child is moved from the home of the relative caretaker or foster parent who has been appointed as a surrogate parent, the LEA shall appoint another surrogate parent. As far as practical, a surrogate parent should be culturally sensitive to his or her assigned child.

The surrogate parent shall have all of the authority, rights, and responsibilities of a parent/guardian in matters related to the provision of special education and related services. He or she must:

1. Remain free of all conflicts of interest.
2. Hold all information related to the assigned student(s) in strictest confidence.

3. Perform all of the duties required of the surrogate parent in state or federal laws or regulations and local policy and procedures.

Except for individuals who have a conflict of interest in representing the child, individuals who may serve as surrogate parents include, but are not limited to, foster care providers, retired teachers, social workers, and probation officers who are not employees of a public agency involved in the education or care of the child. The surrogate parent shall not be an employee of a public or private agency that is involved in the education or care of the child. If a conflict of interest arises subsequent to the appointment of the surrogate parent, the LEA shall terminate the appointment and appoint another surrogate parent.

Appointment of surrogate parents shall be documented through completion of the SELPA *Appointment of Surrogate Parent* form.

It is the policy of the North Santa Cruz County Special Education Local Plan Area (SELPA) that no individual may serve as a surrogate parent who is found to have a conflict of interest:

1. Is an employee of any public or private agency involved in the education or care of the child.
2. Is the owner or employee of a licensed children's institution, residential medical facility or other similar facility with an interest in the education or care of the child. This prohibition does not include foster family homes unless the foster parent is deemed to have a conflict of interest as determined by the SELPA director.
3. Is the operator or employee of any private agency involved in the provision of educational or related services to the pupil.
4. Served in a voluntary capacity, including membership on the board, of any public or private agency involved in the education, care, or provision of services to special education pupils.
5. Has any other interests, including institutional or other bias that might restrict or interfere with his or her ability to advocate for all of the services required to ensure a free appropriate public education for the assigned individual with exceptional needs.

### **12.3 ROLES AND RESPONSIBILITIES**

A surrogate parent shall serve as the child's parent, and have the same rights relative to the child's education as that of a parent. The surrogate parent may represent the child in matters relating to identification, assessment, instructional planning and development, educational placement, reviewing and revising the IEP, and in all other matters relating

to the provision of a FAPE. This representation includes provision of written consent to the IEP, non-emergency medical services, mental health treatment services, and/or occupational or physical therapy services. He or she may sign any consent relating to IEP purposes. The surrogate parent is required to meet with the child at least one time.

(26.5 Gov. Code § 7579.5(c)-(d))

#### **12.4 ACCESS TO STUDENT RECORDS**

The surrogate parent retains the same rights as a parent/legal guardian to access student records. He or she must request copies of school records and other records in the same manner that is required by the parent/legal guardian.

Due to the continual need for confidentiality, when a surrogate parent discontinues representing a specific student, he or she must return to the district all copies of the student's records in his or her possession.

#### **12.5 TERMINATION OF SURROGATE PARENT APPOINTMENT**

Only the SELPA Administrator/LEA Director may terminate a surrogate parent's appointment. The SELPA Administrator shall terminate the appointment of a surrogate parent, when the LEA Special Education Director in which the student is educated notifies the SELPA Administrator of any of the following conditions:

1. Notice is received from the court that the student is no longer a dependent or ward of the court, under Section 300.601 or 602 of the Welfare and Institutions Code. A copy of said notice should be forwarded to the SELPA Administrator within two working days of receipt.
2. Notice is received from the court that the right of the parent or legal guardian to make educational decisions for the student, who is a ward, has been reinstated. A copy of said notice should be forwarded to the SELPA Administrator within two working days of receipt.
3. The student reaches the age of majority, as documented by the LEA or SCCOE.
4. The student exits from the special education, as documented by an IEP team.
5. The parent or guardian appears and assumes the responsibility for making educational decisions for the student.

6. The surrogate parent receives an unsatisfactory evaluation, and displays no apparent improvement following the evaluation. Termination, based upon the unsatisfactory evaluation, shall be at the discretion of the SELPA Administrator.
7. The surrogate parent is alleged to have committed a misdemeanor involving the abuse or neglect of others or contributing to the delinquency of minors, or any felony.
8. A surrogate parent is found to have a conflict of interest:
  - a. If the SELPA Administrator determines that a conflict of interest exists, it shall be documented and the LEA Director of Special Education shall be notified of same within two working days.
  - b. The surrogate parent takes action, which threatens the safety or well- being of the assigned student.

The LEA Director of Special Education shall investigate the allegations of such action and report the results of said investigation to the SELPA Administrator as soon as possible, but no later than 30 days following the original report of the allegations.

A student, whose surrogate parent has been terminated, shall be so notified by the LEA Director of Special Education in which the student is educated.

Notice of termination shall be by documented by a phone call or certified mail, with return receipt requested.

A student, who remains eligible for the services of a surrogate parent, shall be assigned an interim or new surrogate parent within two working days, or as soon as possible.

**NORTH SANTA CRUZ COUNTY SPECIAL EDUCATION LOCAL PLAN AREA**

**REQUEST FOR SURROGATE**

Person Requesting Surrogate \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Social Worker \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Disability of Student \_\_\_\_\_  
 School/LEA \_\_\_\_\_ Student Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Age/Birthdate \_\_\_\_\_  
 City \_\_\_\_\_ Grade \_\_\_\_\_  
 Phone \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Residence Type:  Licensed Children's Institution  LCI Foster Family  Relative  Foster Family

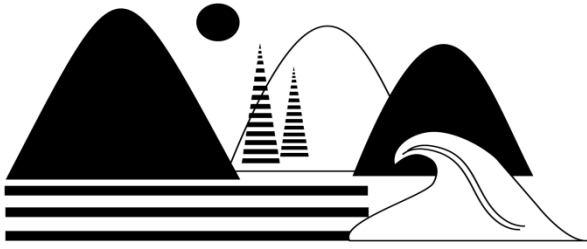
Parent Representation Status	Please Answer Yes/No
Parent Education rights have been limited by Court (The authority of the court to remove the parents' rights is included in A.B. 1528 (Section 6, 7). Wards or dependents of the court must continue to be represented by their parent unless the court has specifically limited parental rights to represent the child for educational purposes.) If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
No parent can be identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
No parent is locatable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both parents are not locatable after three (3) documented search attempts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documented History by Social Services or other agencies as having conducted a reasonable search with verification that no parent, guardian, or adult with custody of the student can be identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOCUMENTATION OF SEARCH ATTEMPTS FOR MOTHER: (Reasonable efforts shall include at least three attempted contacts by telephone, home visits, regular mail, attempted faxes or registered letters sent to the last previously known address of the parent, guardian, or conservator.) Additional Comments:	Date: _____ Method: _____ _____ _____
DOCUMENTATION OF SEARCH ATTEMPTS FOR FATHER: (Reasonable efforts shall include at least three attempted contacts by telephone, home visits, regular mail, attempted faxes or registered letters sent to the last previously known address of the parent, guardian, or conservator.) Additional Comments:	Date: _____ Method: _____ _____ _____
Is the student an emancipated minor, over 18 years of age or married? If yes, please indicate which of the above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the student voluntarily placed in a residential facility? (This includes AB 3632 residential placements)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a need for an interim Surrogate Parent for an immediate educational placement, while the status of location of the student's parents is researched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(For office use only) Does this student qualify for a Surrogate Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment(s): _____ _____ _____	

Please send request to Local School District

APPOINTMENT OF PARENT SURROGATE

**NORTH SANTA CRUZ COUNTY SELPA**

400 Encinal Street  
Santa Cruz, CA 95060  
PHONE: (831) 466-5700  
FAX: (831) 466-5607



Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**APPOINTMENT**

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I appoint \_\_\_\_\_ to act as surrogate parent in connection with the education the above named student.

This representative shall have full parental authority in matters relating to the identification, assessment, instructional planning and development, educational placement, developing and reviewing/revising the Individual Education Program or the Individualized Family Service Plan, utilization of procedural safeguards, and other matters relating to the provision of a free appropriate public education of this child.

This appointment shall remain in effect until any of the following occur:

1. The student's parent is located.
2. An agency with legal authority appoints an education representative.
3. The surrogate parent is unwilling or unable to carry out his or her responsibilities in the best interest of the student.
4. The surrogate parent develops a conflict of interest in the above matter.

Name of Special Education Administrator: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ACCEPTANCE OF APPOINTMENT**

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I, \_\_\_\_\_, hereby accept the above appointment.

At such time as I am unable or unwilling to continue this appointment, I shall notify the administrator designated above. To the best of my knowledge, I do not have a conflict of interest that would disqualify me from acting as a surrogate parent. I have been provided with information about the special needs of my assigned student, local programs and related services, procedural safeguards, and the time required to serve as a surrogate parent. I agree to maintain all student records and information in a confidential manner. Upon termination of this agreement, I will return all such documents to the administrator named above. I understand that I shall be held harmless by the State of California when acting in my official capacity except for acts or omissions that are found to be wanton, reckless, or malicious.

Signature of Surrogate Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

APPOINTMENT OF EDUCATIONAL REPRESENTATIVE



**NORTH SANTA CRUZ COUNTY SELPA**

400 Encinal Street  
Santa Cruz, CA 95060  
PHONE: (831) 466-5700  
FAX: (831) 466-5964

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**APPOINTMENT**

I appoint \_\_\_\_\_ to act as my representative in connection with the education of my child or myself (adult student).

This representative shall have full parental authority in matters relating to the identification, assessment, instructional planning and development, educational placement, developing and reviewing/revising the Individual Education Program (IEP) or the Individualized Family Service Plan (IFSP), utilization of procedural safeguards, and other matters relating to the provision of a free appropriate public education of my child or myself.

This appointment shall remain in effect until any of the following occur:

1. I notify the LEA special education administrator that this appointment is withdrawn (a parent or adult student may do this at any time).
2. The representative is unwilling or unable to carry out his or her responsibilities in the best interest of my child or myself.
3. The representative develops a conflict of interest in the above matter.

Any specific conditions or exceptions to this appointment are noted below:

Signature of Parent/Adult Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCEPTANCE OF APPOINTMENT**

I, \_\_\_\_\_, hereby accept the above appointment. At such time as either condition 2 or 3 above exists, I shall notify the LEA special education administrator and the appointing parent.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_