

CHILD'S NAME:

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION

PARENT SURROGATE APPLICATION

Date of Application: _____

Name _____ Home Phone _____ Work Phone _____

Address _____ Employer _____

_____ Employer Address _____

Birth Month _____ Birth Year _____

Current Occupation _____

Related Education to the Disabilities _____

Related Work or Experience with Children with Disabilities _____

Do you have knowledge and skills in the following areas:

Federal and state educational rights of children with disabilities; P. L. 94-142, Maryland Bylaw 13.A.05.01

_____ Yes	_____ No	Evaluation/testing procedures;
_____ Yes	_____ No	Program placement options (level of service);
_____ Yes	_____ No	Multidisciplinary team/ARD process;
_____ Yes	_____ No	Development of the Individualized Education Plan (IEP);
_____ Yes	_____ No	Procedural safeguards including due process;
_____ Yes	_____ No	Parental rights and responsibilities;
_____ Yes	_____ No	An overview of disability conditions;
		List specific disabilities with which you are familiar: i.e., mental retardation, blind, deaf: _____
_____ Yes	_____ No	The structure and procedures of the agency educating the child;
_____ Yes	_____ No	Legal resources available to parents on the local, state and federal level; and,
_____ Yes	_____ No	Knowledge of the child you will represent, if pertinent.

Have you ever represented a child in the identification, evaluation, and placement process? ____ Yes ____ No

Explain: _____

Are you an employee of a state or local agency involved in the education of children? ____ Yes ____ No

If yes, list: _____

In matching a child with an appropriate parent surrogate, efforts are made to take into account language and racial or cultural identity of the child and assigned parent surrogate. Please indicate any relevant information about yourself to assist in this process.

Date of Application _____

Signature _____

FOR VOLUNTEERS ONLY:

Indicate related references that you have known for at least five years.

1. Name _____ Telephone Number _____

Address _____
Street City State Zip

Occupation _____ How long have you known this person? _____

2. Name _____ Telephone Number _____

Address _____
Street City State Zip

Occupation _____ How long have you known this person? _____