



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Educational Surrogate Parent Referral Form

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 private 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 (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: _____