**Massachusetts Department of Elementary and Secondary Education**

 

**Special Education**

**Surrogate parent Application**

**A. Volunteer Information**

Date:

Name:

 (Last) (First) (Initial)

Address:

 (No./Street) (City/Town) (State) (Zip)

Telephone:

 (Day) (Evening)

Cell Phone: Email:

 *(For SESP Program use only)*

**How do you prefer to be contacted?**  [ ]  Day Phone [ ]  Eve Phone [ ]  Cell Phone [ ]  Email

**Were you referred to the Special Education Surrogate Parent (SESP) Program by your school district?**

**If yes, district name:**

**If not referred by your school district, how did you hear about the Special Education Surrogate Parent (SESP) Program?**

**Why are you interested in becoming a Special Education Surrogate Parent?**

Are you or your spouse employed by any public or private agency (including school systems) involved with the care or education of children?

[ ]  Yes [ ]  No Please list*:*

**Do you speak any languages other than English?**  [ ]  Yes [ ]  No

Please list:

**B. Student Information**

**Are you applying to become an SESP for a specific child?**

 [ ]  Yes(complete this section) [ ]  No (skip to Section “C”)

If yes, child’s name: Date of birth:

**What is your relationship to the child?**

 [ ]  Visiting Resource [ ]  GAL [ ]  Relative [ ]  Other: (Please explain)

### Would you be willing to serve as an SESP for other children? [ ]  Yes [ ]  No

**C. Preferences**

### Would you prefer a match with a child in a particular age group?

**[ ]** No preference [ ]  Age 3-6 [ ]  Age 7-12 [ ]  Age 13-16 [ ]  Age 17-22

**Would you be willing to serve as an SESP for more than one child at a time?**

[ ]  Yes [ ]  No [ ]  Not sure

**Please check the type(s) of disabilities in which you have the most experience or interest:**

[ ]  No particular preference [ ]  Autism [ ]  Developmental delay

[ ]  Intellectual [ ]  Deaf or Hearing Impaired [ ]  Blind or Vision Impaired

[ ]  Deafblind [ ]  Neurological [ ]  Emotional

[ ]  Communication [ ]  Physical [ ]  Specific Learning

[ ]  Health [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list the names of cities/towns where you are willing to volunteer.**

1) 6)

2) 7)

3) 8)

4) 9)

5) 10)

**D. Special Education Experience**

**Are you the parent or relative of a child with special education needs?** [ ]  Yes [ ]  No

**Have you ever attended a Team meeting for a child?** [ ]  Yes [ ]  No

### Have you ever signed an Individualized Education Program (IEP) as the

**parent or guardian of a child?** [ ]  Yes [ ]  No

**Have you had any training or experience with the special education process?** [ ]  Yes [ ]  No

Please explain:

**Is there any other information about yourself that you want to provide for this application?**

**Please list *two persons* as references. One work or volunteer work related, and one personal (not a family member) is best:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** |  Name Company Name Address City/State/Zip Telephone # Email | **2** |  Name Company Name Address City/State/Zip Telephone # Email |

**I hereby grant permission to the Department of Elementary and Secondary Education and its contractor (the EDCO Collaborative) to check my references.**

**As part of the application process, I understand that I will also be required to consent to a Criminal Offender Record Information (CORI) check, that must be repeated every three years.**

I understand that my application does not guarantee my appointment as a volunteer Special Education Surrogate Parent. I also understand that I must receive training, as requested, to be appointed as a Special Education Surrogate Parent. If appointed, I will protect the confidentiality of all information regarding students I represent in special education matters.

 **(Signature) (Date)**

**Please be sure you have:**

 **[ ]  Signed the application**

 **[ ]  Provided two references**

***Please return this completed application to:***

##### Special Education

##### Surrogate Parent Program

**P.O. Box 1184**

**Westboro, MA 01581**

**Phone: 508-792-7679**

**Fax: 508-616-0318**

**Email:** **contactus@sespprogram.org**

**Thank You!**

**Visit us online:** [**www.sespprogram.org**](http://www.sespprogram.org)