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? ____________________

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____

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 ☐ Sensory: Hearing, Vision, 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		2	
	Name		Name
	Company Name		Company Name
	Address		Address
	City/State/Zip		City/State/Zip
	Telephone #		Telephone #
	Email		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 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: sespp@earthlink.net

Thank You!

Visit us online:

www.sespprogram.org