

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

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:

<input type="checkbox"/> No particular preference	<input type="checkbox"/> Autism	<input type="checkbox"/> Developmental delay
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory: Hearing, Vision, Deafblind	<input type="checkbox"/> Neurological
<input type="checkbox"/> Emotional	<input type="checkbox"/> Communication	<input type="checkbox"/> Physical
<input type="checkbox"/> Specific Learning	<input type="checkbox"/> Health	
<input type="checkbox"/> 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	<hr/> <p>Name</p> <hr/> <p>Company Name</p> <hr/> <p>Address</p> <hr/> <p>City/State/Zip</p> <hr/> <p>Telephone #</p> <hr/> <p>Email</p>	2	<hr/> <p>Name</p> <hr/> <p>Company Name</p> <hr/> <p>Address</p> <hr/> <p>City/State/Zip</p> <hr/> <p>Telephone #</p> <hr/> <p>Email</p>
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I hereby grant permission to the Department of Elementary and Secondary Education/EDCO Collaborative to check my references and to conduct a Criminal Offender Record Information (CORI) check.

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