

**Massachusetts Department of Education  
Educational Surrogate Parent Program**

Route To: \_\_\_\_\_  
(Staff Initials)

**Volunteer Educational Surrogate Parent Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_  
(No./Street) (City/Town) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Work) (Home)

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Foster Parents:**

Are you applying to become an Educational Surrogate Parent for a child in your home?  Yes  No

If so, child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Would you be willing to serve as an Educational Surrogate Parent for children not in your foster home?  Yes  No

**All Other Volunteers:**

Are you applying to become an Educational Surrogate Parent for a specific child?  Yes  No

If so, child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please explain your relationship to the child, how long, etc.: \_\_\_\_\_

Would you be willing to serve as an Educational Surrogate Parent for other children?  Yes  No

Would you be willing to serve as an Educational Surrogate Parent for more than one child at a time?  Yes  No

Revised 11/03

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <i>No particular preference</i>                             | <input type="checkbox"/> <i>Blind</i>                    | <input type="checkbox"/> <i>Hearing disability</i>  |
| <input type="checkbox"/> <i>Speech/Language disability</i>                           | <input type="checkbox"/> <i>Physical</i>                 | <input type="checkbox"/> <i>Learning disability</i> |
| <input type="checkbox"/> <i>Behavioral disability</i>                                | <input type="checkbox"/> <i>Developmental disability</i> | <input type="checkbox"/> <i>Mental Health</i>       |
| <input type="checkbox"/> <i>Particular medical condition (please specify):</i> _____ |  |   |

**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**

**Please list the names of cities and towns (in order of preference) near your residence and/or place of employment where you are willing to attend meetings.**

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

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

*If yes, please list:* \_\_\_\_\_

**How did you hear about the Educational Surrogate Parent Program?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in becoming an Educational 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    *If yes, please list:* \_\_\_\_\_

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

**Have you ever attended a school meeting for a special education Team evaluation 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

*If yes, please explain:* \_\_\_\_\_

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

<b>1</b>	<hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City/State/Zip</p> <hr/> <p>Telephone #</p>	<b>2</b>	<hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City/State/Zip</p> <hr/> <p>Telephone #</p>
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Is there any other information about yourself that you want to provide for this application?

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I hereby grant permission to the Department of 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 Educational Surrogate Parent. I also understand that I must receive training as requested to be appointed as an Educational Surrogate Parent. If appointed, I will protect the confidentiality of all information regarding students I represent in special education matters.

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(Signature)

(Date)

**Please be sure you have:**

- Signed the application.
- Signed the CORI form.
- Provided two references.

*Please return this completed application to:*

**Educational Surrogate Parent Program**

P.O. Box 1184

Westboro, MA 01581

Phone: (508) 792-7679

Fax: (508) 616-0318

Email: [espp@earthlink.net](mailto:espp@earthlink.net)

**Thank You!**