

Massachusetts Educational Surrogate Parent Program Change Reporting Form

DATE: _____

Educational Surrogate Parent: _____ Date Appointed: _____

Please notify the Educational Surrogate Parent Program of any changes in the status of your appointment as Educational Surrogate Parent for:

Student: _____

DOB: _____ LEA: _____

Social Worker: _____ Social Worker's Phone Number: _____

Changes in Student Status:

- Student has moved to (if known) _____
- Student is no longer a special needs student.
- Student is no longer in school: (not attending) (refusing to attend) (graduated)
- Student's custodial status has changed (i.e. custody to parent, legal guardian appointed, adoption, etc.)
- Student has turned 18.
- Child has lived in the same foster home for longer than six (6) months - Long Term Foster Care Policy may apply.
- Other/Any Additional Information (Use Reverse Side): _____

Changes in Your Status as Educational Surrogate Parent

- Address: _____

- Telephone: _____
- Employment: Title: _____
 Employer: _____
 Address: _____

- I am unable to continue as Educational Surrogate Parent for this child for the following reason(s):

PLEASE COMPLETE AND RETURN THIS FORM <u>ONLY</u> IF A CHANGE OCCURS:	<i>Educational Surrogate Parent Program P.O. Box 1184 Westboro, MA 01581 (508) 792-7679</i>
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Route to: _____
Staff Initials