

Educational Surrogate Parent Program

P.O. Box 1184, Westboro, MA 01581-6184

Phone (508) 792-7679

Fax (508) 616-0318

http://www.espprogram.org/

espp@earthlink.net

Student Referral

Instructions: Please print using blue or black ink. Send a copy of the completed form to the student's Local Education Agency (LEA). Send the original form to the Educational Surrogate Parent Program.

1. STUDENT INFORMATION		Date:
Last Name	First Name	Middle Name
Sex Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (<i>mm-dd-yyyy</i>)	Age:
Current Residence (<i>name of residence, school, group home, or full name of foster parent, relative, etc.</i>)		
Address (<i>Street, City, State and Zip Code</i>)		
Telephone Number ()	How long at this address?	

2. SCHOOL INFORMATION	
Current Educational Placement (<i>name and address of school</i>)	
Telephone Number ()	Name and Title of Contact Person
School District	

3. SPECIAL EDUCATION STATUS (<i>Select a or b & fill in the corresponding information.</i>)										
<input type="checkbox"/> a. The student is currently receiving special education services.										
<table border="0"><tr><td><input type="checkbox"/> Inclusion</td><td><u>Type of Services</u></td><td><input type="checkbox"/> Substantially Separate</td></tr><tr><td><input type="checkbox"/> Day School</td><td></td><td><input type="checkbox"/> Residential</td></tr><tr><td><input type="checkbox"/> Other (please specify): _____</td><td></td><td></td></tr></table>	<input type="checkbox"/> Inclusion	<u>Type of Services</u>	<input type="checkbox"/> Substantially Separate	<input type="checkbox"/> Day School		<input type="checkbox"/> Residential	<input type="checkbox"/> Other (please specify): _____			Next Team Meeting date (<i>mm-dd-yyyy</i>)
<input type="checkbox"/> Inclusion	<u>Type of Services</u>	<input type="checkbox"/> Substantially Separate								
<input type="checkbox"/> Day School		<input type="checkbox"/> Residential								
<input type="checkbox"/> Other (please specify): _____										
<input type="checkbox"/> b. An initial referral for a special education evaluation has been requested.										
Date:	School District:									

4. CUSTODY STATUS <i>Voluntary Placements are not eligible for the Educational Surrogate Parent Program and should not be referred. (Exceptions may be addressed on a case-by-case basis.)</i>	
The student is in the legal custody of DSS through:	
<input type="checkbox"/> Care and Protection (C&P) Proceedings	<input type="checkbox"/> Protective Probate Court Custody
<input type="checkbox"/> Child in Need of Services (CHINS) Petition*	<input type="checkbox"/> Non-Protective Probate Court Custody
* In general, an ESP is not required for a student in custody due to a CHINS petition. Neither a parent's lack of expertise in Special Education nor lack of fluency in English is a basis for an ESP Appointment. Please attach letter explaining your request.	Reason for referral (Non-Protective Probate): _____ _____

5. Foster Parent is Willing to Make Educational Decisions:

- Yes (If yes, no appointment of foster parent is necessary, and no referral to the ESP Program is necessary)
- No
- Don't Know – please contact foster parent

6. Family member or other adult (i.e.: GAL or Visiting Resource) is willing to make educational decisions:

- Yes (If yes, please complete information below)
- No

Last Name	First Name
Address (Street, City, State and Zip)	
Telephone Number ()	
Relationship to Child: _____	Has this person previously applied to this program to become an Educational Surrogate Parent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

7. CHILD'S SOCIAL WORKER

Name	Telephone Number ()
Agency	Email
Address (Street, City, State and Zip)	
Supervisor's Name and Telephone Number ()	

8. REFERRAL SUBMITTED BY: (Complete Only if Other Than the Social Worker)

Name	Title
Agency	Telephone Number ()
Address (Street, City, State and Zip)	

Please Note: A Case Coordinator from the Educational Surrogate Parent Program will be contacting you to verify the information provided on this referral.

Signature of person completing referral _____

Did you –

- Fill out the form completely?
- Attach a list of all persons to be notified of the Educational Surrogate Parent appointment?
- Send a copy of this form to the student's school district?

Mail Original To: Educational Surrogate Parent Program
P.O. Box 1184
Westboro, MA 01581