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## ADAMS WELLS SPECIAL SERVICES COOPERATIVE

### EDUCATIONAL SURROGATE PARENT POLICY

The Adams Wells Special Services Cooperative:

1. Ensures the rights of a student are protected by appointing an educational surrogate parent when:
  - a. A parent cannot be identified. Parent is defined as one of the following:
    - i. Biological or adoptive parent
    - ii. Court-appointed guardian
    - iii. Foster parent
    - iv. Individual with legal custody or individual acting in place of a biological or adoptive parent who accepts full legal responsibility and with whom the student lives, including a grandparent, step-parent, or other relative, or other adult who accepts the full legal responsibility for the student and with whom the student lives.
    - v. Legally assigned educational surrogate parent
    - vi. Student with a disability who is 18 or older and has not had a guardian appointed
    - vii. Educational representative appointed (511 IAC 7-43-6)
  - b. After reasonable efforts, the parent cannot be located.
  - c. The student is a ward of the state under the laws of the state, unless as follows:
    - i. The court order creating the ward ship:
      1. Permits the student to remain in the home; or
      2. Expressly reserves to a parent the authority to make decisions regarding the student's education or upbringing.
    - ii. The student is a ward of the department of correction who has a parent as defined in Indiana special education law.
  - d. The student is a homeless student who is not in the physical care or custody of a parent or guardian.
2. Has in place the following system for determining when a student is in need of an educational surrogate parent:
  - a. For initial referrals, the Adams Wells Special Services Cooperative can request guardianship verification at the time permission to evaluate is requested. The evaluation process cannot proceed without proper verification.
  - b. For transfer students moving into Adams Wells Special Services Cooperative, the building principal/designee will verify the child's family status and document such on the Case Conference records.
  - c. The above verification will be reviewed by the Adams Wells Special Services Coordinator who is responsible for the Educational Surrogate Parent Program to determine whether an educational surrogate parent must be assigned.
3. Has in place the following system to identify and appoint an educational surrogate parent within thirty (30) calendar days after determining the need for the appointment:

- a. The educational surrogate parent must have no personal or professional interest that conflicts with the interest of the child whom the Educational Surrogate Parent represents, and must have the knowledge and skills necessary to adequately represent the child.
  - b. The educational surrogate parent may not be an employee of the Indiana Department of Education, Adams Wells Special Services Cooperative, a local school district which the Cooperative serves, or of any public agency involved in the education or care of the child.
  - c. The educational surrogate parent, to the extent possible, should match the child's cultural and linguistic background.
  - d. When a student with an Individual Education Plan attends an educational program outside the area served by Adams Wells Special Services Cooperative and is in need of an educational surrogate parent, Adams Wells Special Services Cooperative is responsible to ensure an educational surrogate parent is appointed. The surrogate parent may be from the area served by Adams Wells Special Services Cooperative or from the geographic area where the educational program is located.
  - e. An educational surrogate parent will be appointed:
    - i. At the time the student is referred for pre-placement educational evaluation; or
    - ii. At any time a student who is currently enrolled in special education is determined to be eligible for an educational surrogate parent.
4. Has in place the following system for training persons to serve as educational surrogate parents:
  - a. Adams Wells Special Services Cooperative will provide an Educational Surrogate Parent Handbook to any person interested and will offer the opportunity for any questions over the covered material to be answered in a one-on-one conversation.
  - b. Adams Wells Special Services Cooperative may provide the opportunity for additional training of educational surrogate parents by scheduling a group session at least once each academic year if requested by the surrogate parents. This may be done with staff from Adams Wells Special Services Cooperative or in conjunction with the Indiana Surrogate Parent Program.
5. Ensures that the surrogate parent has the knowledge and skills that ensure adequate representation of the student through training activities described in #4 above.
6. Documents that a person assigned as an educational surrogate parent has no interest that conflicts with the interests of the student the educational surrogate parent represents and is not the employee of any public agency involved in the care and education of the student.
7. Appoints an educational surrogate parent to represent the student in all matters related to identification, evaluation and eligibility, educational placement, and the provision of free appropriate public education. Specifically, the educational surrogate may:
  - a. Participate in case conferences, annual case reviews, and/or parent-teacher conferences.
  - b. Grant or deny written permission for evaluation, placement, and/or change of placement;
  - c. Access and review the student's educational record;
  - d. Request mediation, a due process hearing, and/or file a complaint; and

- e. Exercise on behalf of the student any other rights a parent may exercise under provisions of Article 7 or IDEIA.
- 8. May contract with another agency or organization to provide training and to develop a pool of educational surrogate parents from which each agency may draw.
- 9. Keeps a list of educational surrogate parents from which it makes its appointments. The list will include the qualifications of each surrogate parent. The list shall be maintained at the Adams Wells Special Services Cooperative administrative office.

## ADAMS WELLS SPECIAL SERVICES COOPERATIVE

### EDUCATIONAL SURROGATE PARENT PROCEDURES

If a student meets the criteria as stated in the Educational Surrogate Parent Policy, an educational surrogate parent must be appointed.

1. The building principal, or his/her designee, will phone, fax or email the necessary information to the Assistant Director at AWSSC.
2. The Assistant Director will contact the appropriate agencies to determine whether parental rights have been terminated and if there is a need for an educational surrogate parent.
3. An educational surrogate parent will be trained and appointed by AWSSC. Surrogates will receive a letter and a certificate from AWSSC stating completion of the training. AWSSC will maintain a list of trained educational surrogate parents available for appointment.
4. A Notice of Educational Surrogate Parent Assignment form will be sent to the educational surrogate parent, and copies forwarded to the teacher of record and the student's permanent file.
5. Educational surrogates will be reappointed yearly by AWSSC.
6. If circumstances arise that the student is no longer in need of an educational surrogate parent, AWSSC should be notified by the teacher of record. AWSSC will then send a notice to the educational surrogate to terminate the assignment. Copies will be forwarded to the teacher of record and the student's permanent file.
7. All information regarding educational surrogate parent appointments is to be kept in the student's files at school and in the Cooperative central office.

Adams Wells Special Services Cooperative  
925 North Main Street  
Bluffton, IN 46714

260-824-5880

**NOTICE OF SURROGATE PARENT ASSIGNMENT**

Date \_\_\_\_\_

Dear \_\_\_\_\_,

This notice confirms your acceptance of assignment as Educational Surrogate Parent for:

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Placement School \_\_\_\_\_ Home School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher of Record \_\_\_\_\_

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**Surrogate Parent Information**

Surrogate Parent Name \_\_\_\_\_

Surrogate Parent Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

New Assignment \_\_\_\_\_ Reassignment \_\_\_\_\_

Date Assigned \_\_\_\_\_ Date Released \_\_\_\_\_

Should you have any questions regarding your assignment as an Educational Surrogate Parent, please do not hesitate to contact our office.

If it becomes necessary for you to terminate your assignment, please notify the Assistant Director of Special Education at (260) 824-5880 as soon as possible so that a replacement may be found. Thank you for your time and commitment.

Theresa Sell, Assistant Director of Special Education

Adams Wells Special Services Cooperative  
925 North Main Street  
Bluffton, IN 46714

260-824-5880

**EDUCATIONAL SURROGATE PARENT DATA SHEET**

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

School Corporation of Residence \_\_\_\_\_

Are you at least Eighteen (18) years of Age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Cultural/Ethnic Background      \_\_\_\_\_ American Indian/Native Alaskan  
   \_\_\_\_\_ Asian/Pacific Islander  
   \_\_\_\_\_ Hispanic  
   \_\_\_\_\_ Black American  
   \_\_\_\_\_ White (non-Hispanic)  
   \_\_\_\_\_ Other

Employer \_\_\_\_\_

Is your employer involved in any way in the physical care of education of children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify how: \_\_\_\_\_

\_\_\_\_\_

Educational Background \_\_\_\_\_

Describe your knowledge of and/or current or past involvement in special education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature

Adams Wells Special Services Cooperative  
925 North Main Street  
Bluffton, IN 46714

260-824-5880

**EDUCATIONAL SURROGATE PARENT TRAINING FOLLOW-UP**

Name: \_\_\_\_\_

Type of Contact: \_\_\_\_\_

Results: \_\_\_\_\_

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Other Comments: \_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Person



Adams Wells Special Services Cooperative  
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260-824-5880

**EDUCATIONAL SURROGATE PARENT****DEMOGRAPHIC INFORMATION**

*Please update the following information and return the completed form to Adams Wells Special Services in the enclosed envelope. It is self-addressed and stamped for your convenience.*

ESP Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ School Corp \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Student(s) currently assigned \_\_\_\_\_

Are you willing to remain on the list of interested ESP's? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have any questions or concerns, please note them on the lines below and we will contact you as soon as possible to reach a resolution.

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\_\_\_\_\_  
Educational Surrogate Parent Signature\_\_\_\_\_  
Date