



PARENT COORDINATION
Network

SURROGATE PARENT TRACKING FORM

Name of Student: _____ DOB: _____

District: _____ School: _____

Surrogate Parent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date Surrogate Parent Assignment Made: _____

(Assignment made within 30 days of determining a Surrogate Parent was needed or court appointed)

Date Surrogate Parent Completed Required Training: _____

(Training completed before the ARD committee meeting or within 90 days of assignment)

Surrogate Parent: _____ Date: _____

District Representative: _____ Date: _____



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DETERMINATION OF CONFLICT OF INTEREST

To serve as a surrogate parent for _____, you must not have an interest
(name of student)

that conflicts with the interest of the student you are representing. In order to determine whether or not a conflict of interest exists, please answer the following questions by checking either "YES" or "NO."

1. I am currently an employee of the state.
[] YES [] NO
2. I am currently an employee of the school district.
[] YES [] NO
3. I am currently an employee of an agency involved in the education or care of the student (including the DFPS/CPS or residential facility).
[] YES [] NO
4. I have a personal or professional interest that conflicts with the interest of the student.
[] YES [] NO

If "YES" was selected on any statement, then a conflict of interest between your interests and the interest of the student may exist. Therefore, you may not serve as a surrogate parent for the assigned student.

Surrogate Parent: _____ Date: _____

District Representative: _____ Date: _____



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SURROGATE PARENT DOCUMENTATION

_____ is appointed a surrogate parent for _____,
(name of surrogate) (name of student)

whose parents are unknown, unable to be located, or who is a ward of the state.

As a surrogate parent, _____ has completed the approved surrogate
(name of surrogate)

parent training on _____, at _____ covering the
(date) (location and time)

required topics by 34 CFR §300.519, TEC §29.001 (10), and TAC §89.1047:

- Identification of a child with a disability;
- Collection of evaluation and re-evaluation data relating to a child with a disability
- ARD committee process
- Development of an IEP, including the consideration of transition services for a child who is at least 14 years of age;
- Determination of least restrictive environment;
- Implementation of an IEP;
- Procedural Safeguards;
- Sources to contact to obtain assistance in understanding the laws, rules, and regulations relating to children with disabilities; and
- Duties and responsibilities of surrogate parents.

As a surrogate parent, _____ has agreed to the requirements established
(name of surrogate)

for surrogate parents including:

- Being willing to serve in that capacity;
- Exercising independent judgement in pursuing the child's interests;
- Ensuring that the child's due process rights are not violated;
- Completing a training program that complies with minimum standards established by TEA;
- Visiting the child and the child's school;
- Reviewing the child's educational records;
- Consulting with persons involved in the child's education; and
- Attending ARD committee meetings.

Surrogate Parent: _____ Date: _____

District Representative: _____ Date: _____

Trainer/Title of Trainer: _____ Date: _____



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SURROGATE PARENT VISITATION LOG

Date of Visit	Purpose of Visit	Surrogate Parent Signature

Surrogate Parent: _____

Date: _____

District Representative: _____

Date: _____