

# SF-7 Assignment of a Surrogate Parent

Educational Agency"

## REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT

**Purpose:** This form should be completed by any person who knows of a child who may need special education services, and who is a ward of the State, or whose parents or guardian are not known or are not available.

Student's Name Date of Birth District of Service Grade

Student's Current Address Student's Telephone

With whom child is residing Relationship Address, City, State Zip Telephone

Parent's District of Residence

Student's Service Agency Agency's contact person Agency's telephone

Name of person making request Position/Title Employer/Agency Telephone

Business Address

Why has this request been made?

Signature Date

## APPOINTMENT OF A SURROGATE PARENT

Appointment of the surrogate parent should be reviewed frequently, at least annually, preferably prior to meetings to verify the continued need for a surrogate parent.

Reason for the appointment of a surrogate parent:

Date of Appointment: ☐ District has court paperwork

Please be informed that is appointed as surrogate parent for . It is my understanding that this appointee has completed the necessary training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with the district's special education policies and procedures, the Ohio Administrative Code, and the Individuals with Disabilities Education Act (IDEA) regulations.

Superintendent's or Designee's Signature School District Address City State Zip