

BIDDEFORD SCHOOL DEPARTMENT
Request for Appointment of Surrogate Parent

1. Student's Name: _____ DOB: _____
Address: _____ Phone: _____

Name of: _____ Foster Parent(s)
_____ House Parents or
_____ Other (please specify relationship)

2. Is student a state ward? Yes No If NO, go to question #4. Student welfare status code: _____

3. Please identify the student's social worker, regional office, and phone number and go to question #5.
Name: _____ Office: _____ Phone # _____

4. Are the student's parents unknown or can they not be located? Please explain and attach documentation of efforts to locate.

5. Please identify the student's (a) school, principal, teacher(s) or (b) regional CDS site, site coordinator, and case manager:

(a) School: _____	(b) CDS Site: _____
Principal: _____	CDS Coordinator: _____
Teacher(s): _____	CDS Case Manager: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____

6. Please identify the student's disability: _____

7. Last school system student attended: _____

8. Please identify the student's current programming and/or placement:

<input type="checkbox"/> referred to IEP only	<input type="checkbox"/> public special day school	<input type="checkbox"/> day care
<input type="checkbox"/> resource room	<input type="checkbox"/> private day school	<input type="checkbox"/> no programming
<input type="checkbox"/> composite classroom	<input type="checkbox"/> residential treatment center	<input type="checkbox"/> other (identify)
<input type="checkbox"/> self-contained classroom	<input type="checkbox"/> home/hospital bound	

9. Identify any special considerations for appointing a surrogate parent (e.g., Alternative Communication System, Foreign Language, Minority Group).

10. Can you recommend any individual that could serve as this student's surrogate parent?

Name: _____ Relationship to Student: _____
Address: _____ Phone: _____

11. Individual making referral: _____ Phone: _____
Title: _____ Date: _____

Please return to: Department of Education Phone: 624-6650
Surrogate Parent Program Fax: 624-6651
23 State House Station
Augusta, ME 04333
