

REQUESTOR (Check one)

- Residential Placement
- School District
- Other: (specify) _____

ILLINOIS STATE BOARD OF EDUCATION

Special Education Services Division
 100 North First Street, E-216
 Springfield, IL 62777-0001
 217-782-5589

_____ Date of Submission

SURROGATE PARENT REQUEST FORM

Instructions: E-mail this form to jburchel@isbe.net.

CHILD INFORMATION

NAME (Last, First)	DATE OF BIRTH (mm/dd/yyyy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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ETHNICITY (Check one)

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic
- White

LANGUAGE (Check one)

- English
- Spanish
- Sign Language
- Other: (specify) _____

SPECIAL EDUCATION INFORMATION

- Student has an IEP
- Student's Evaluation in progress

RESIDENT SCHOOL DISTRICT

PLACEMENT INFORMATION

PLACEMENT/FACILITY (Check one)

- Residential
- Homeless Shelter
- Other _____

PLACEMENT/FACILITY NAME	CODE (If approved by ISBE)
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MAILING ADDRESS (Street, City, State, Zip Code)

TELEPHONE (Include Area Code)	FAX (Include Area Code)
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REQUESTOR INFORMATION

NAME OF REQUESTOR (Last, First)	TITLE	TELEPHONE (Include Area Code)
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MAILING ADDRESS IF DIFFERENT FROM ATTENDANCE CENTER (Street, City, State, Zip Code)

REQUEST INFORMATION

REQUEST FOR: (Check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> APPOINTMENT | <input type="checkbox"/> REPLACEMENT | <input type="checkbox"/> WITHDRAWAL |
| Appointment Reason | Replacement Reason | Withdrawal Reason |
| <input type="checkbox"/> Student is ward of the State | <input type="checkbox"/> Surrogate parent cannot be located | <input type="checkbox"/> Students no longer receiving spec. ed. serv. |
| <input type="checkbox"/> Student is ward of the Court | <input type="checkbox"/> Surrogate parent no longer wants to serve | <input type="checkbox"/> Student has been adopted |
| <input type="checkbox"/> Student's parents are not available | <input type="checkbox"/> Surrogate parent has conflict of interest | <input type="checkbox"/> Student has moved from the district |
| | <input type="checkbox"/> Surrogate parent refuses appointment | <input type="checkbox"/> Parents are now available |
| | <input type="checkbox"/> Surrogate parent no longer available | <input type="checkbox"/> Student has graduated from high school |
| | | <input type="checkbox"/> Student over 21 years old |
| | | <input type="checkbox"/> Student is deceased |
| | | <input type="checkbox"/> Unspecified |
| | | <input type="checkbox"/> CLOSE AND ARCHIVE |

NAME OF SURROGATE PARENT REQUESTED (Optional)
