



Department of Exceptional Student Education

REQUEST FOR A SURROGATE PARENT

All required documentation must be provided in order to facilitate a Surrogate Parent assignment.

Form with fields: STUDENT NAME (last, first, middle initial):, D.O.B.:, SEX:, GRADE:, ID#:; STUDENT ADDRESS:, SCHOOL:, REGIONAL CENTER (RC):; SCHOOL SPED CONTACT PERSON/NUMBER:, RC CONTACT PERSON/NUMBER:

- 1. Are the whereabouts of the parent(s) known? [ ] Yes [ ] No
2. Have parental rights been terminated by court order? [ ] Yes [ ] No
If yes, attach copy of court order
3. Is the student in foster care or a ward of the state or court? [ ] Yes [ ] No
If yes, attach court documentation
A. With a foster family: [ ] Yes [ ] No
Is the foster parent(s) willing to make educational decisions? [ ] Yes [ ] No
How long in current foster home? \_\_\_\_\_
Number of children in the foster home: \_\_\_\_\_

NOTE: If a foster child's natural parents (or guardian) are available and a court has not prohibited the natural parent's (or guardian's) right to have contact with and make educational decisions for the child, the natural parent (or guardian) continues to represent the child in educational decisions.

- B. In Department of Juvenile Justice Commitment Program? (see attached): [ ] Yes [ ] No
Name/type of residential setting: \_\_\_\_\_
Number of youths in the residential setting: \_\_\_\_\_

- 4. Is this student presently receiving special education services? Yes [ ] No [ ]
If yes, list the program(s) student is eligible for: \_\_\_\_\_
If no, is the student currently under consideration by the School Support Team (SST) for an evaluation? Yes [ ] No [ ]

DCF Case Manager: \_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Signature of Region Instructional Supervisor for SPED \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY FDLRS-SOUTH
Date Request Received: \_\_\_\_\_
[ ] Student meets criteria for surrogate parent. Assigned Surrogate Parent contact info: \_\_\_\_\_
[ ] Student not eligible for the following reason(s): \_\_\_\_\_
Terrence Vaccaro \_\_\_\_\_ Date \_\_\_\_\_

**Guide Sheet for Determining the Need for a Surrogate Parent**

**Department of Children and Families**

| <b><i>Name of Residential Setting</i></b>   | <b><i>Range or Number of Clients</i></b>      | <b><i>Is a Surrogate Parent Required?</i></b> |
|---|---|---|
| Family Foster Home  | 1-5 children, Including Family's Own Children | No  |
| <ul style="list-style-type: none"> <li>● Therapeutic Foster Home</li> <li>● Individual Residential Treatment Family Home</li> </ul> | 1-2 Children<br><br>1 Child                   | No<br><br>No                                  |
| Foster Family Group Home  | No More Than 5 Youths                         | No  |

**Department of Children and Families**

| <b><i>Name of Residential Setting</i></b> | <b><i>Range or Number of Clients</i></b> | <b><i>Is a Surrogate Parent Required?</i></b>            |
|---|--|--|
| State Correctional Institution            | Varies                                   | No. All inmates are treated as adults regardless of age. |

**Department of Juvenile Justice Commitment Programs**

**Low-Risk Program Models**

| <b><i>Name of Residential Setting</i></b> | <b><i>Range or Number of Clients</i></b> | <b><i>Is a Surrogate Parent Required?</i></b> |
|---|--|---|
| Family Home                               | 1-3 Youths                               | No. Foster parent serves as the parent.       |
| Group Treatment Home                      | 9-15 Youths                              | Yes   |
| Short-term Wilderness Program             | 15-25 Youths                             | Yes   |

### Moderate-Risk Program Models

|                                       |                                    |     |
|---------------------------------------|------------------------------------|-----|
| Dual Diagnosis Program                | 10-30 Youths                       | Yes |
| Short-term Outdoor Expedition Program | 20-40 Youths                       | Yes |
| Halfway House                         | 25-50 Youths                       | Yes |
| Long-term Therapeutic Wilderness Camp | 30-50 Emotionally Disturbed Youths | Yes |
| Intensive Vocational Work Program     | 15-30 Youths                       | Yes |
| Wilderness Camp                       | 30 Youths                          | Yes |
| Youth Academy                         | 50 or More Youths                  | Yes |

### High-Risk Program Models

|   |                        |     |
|---|------------------------|-----|
| Serious or Habitual Offender Program                                | No More than 25 Youths | Yes |
| Intensive Residential Treatment for Offenders younger than 13 Years | 25 Youths              | Yes |
| Developmentally Disabled Offender Program                           | 15-25 Youths           | Yes |
| Sex Offender Program  | 30-60 Youths           | Yes |
| Intensive Halfway House   | 20-40 Youths           | Yes |
| Clinical Program  | 20-35 Youths           | Yes |
| Training school/Youth Development Center                            | 100 or More Youths     | Yes |
| Maximum-risk Program  | 25 or More Youths      | Yes |

Refer to **Technical Assistance Paper: Surrogate Parents for Exceptional Students** issued by the Florida Department of Education on February 19, 2007 at <http://info.fl DOE.org/docushare/dsweb/Get/Document-4273/k12-07-23memo.pdf> for further guidance or contact Terrence Vaccaro at 305-514-5100, extension 5210.

**NOTE:**

*Operators and staff of residential facilities- other than foster homes- may not serve as surrogate parents due to the requirement that surrogate parents have no interest that conflicts with the interest of the child represented.*