

**SANTA CLARA COUNTY  
NORTH WEST SPECIAL EDUCATION LOCAL PLAN AREA**

**APPOINTMENT OF SURROGATE PARENT**

I appoint \_\_\_\_\_ to act as surrogate parent in matters involving the education of \_\_\_\_\_ . This representative shall have parental authority in matters relating to identification, assessment, instructional planning and development, educational placement, reviewing and revising the Individualized Family Service Plan (IFSP) or the Individualized Education Plan (IEP) including non-emergency medical services, mental health services and occupational or physical therapy services as relating to the IFSP/IEP, and in other matters relating to the provision of a free appropriate education for the individual.

This appointment shall remain in effect until any of the following occur:

1. The pupil's parent is located and/or appoints an educational representative.
2. The surrogate parent is unwilling or unable to carry out his/her responsibilities to the best interest of the child.
3. The surrogate parent is in a position with a conflict of interest in the above matter.

**ACCEPTANCE OF APPOINTMENT**

I, \_\_\_\_\_, hereby accept the above appointment. At such time that I am unable or unwilling to continue this appointment, I will notify the LEA Special Education Administrator designated above. I understand that I shall be held harmless by the State of California when acting in my official capacity except for acts or omissions which are found to have been wanton, reckless, or malicious.

I acknowledge that \_\_\_\_\_ has provided information/training regarding the laws applicable to surrogate parent responsibilities and the continuum of education program placements and opportunities available for individuals with disabilities.

I agree to maintain all student records and information in a confidential manner. Upon the termination of this agreement, I will return all such records to \_\_\_\_\_.

\_\_\_\_\_  
Surrogate Parent Name

\_\_\_\_\_  
Date

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_