

Portland Public Schools, Department of Special Education
SURROGATE PARENT APPLICATION

Please PRINT and ANSWER ALL QUESTIONS completely

SURROGATE APPLICANT _____			
Address _____			
City _____	State _____	Zip _____	Phone _____
STUDENT'S NAME _____			
Date of Birth _____	SID#: _____	School _____	

1. What is your relationship to the student for whom you are applying to be Surrogate Parent? Please check

FOSTER PARENT NATURAL PARENT RELATIVE FRIEND

OTHER (explain) _____

Are you an employee of:	Portland Public Schools	___Yes	___No
	Oregon Department of Education	___Yes	___No
	Public Agency involved in education or care of child?	___Yes	___No

*NOTE: Employees of Portland Public Schools, Oregon Department of Education, or any Public Agency involved in the education or care of the child are NOT ELIGIBLE to serve as Surrogate Parents. **Exception:** Foster Parents so employed **may be appointed** as Surrogate Parents.*

2. Are you aware of any conflicts of interest that could affect your serving as a Surrogate Parent for this child? If yes, please explain: ___Yes ___No

3. Have you any prior history of behavior that might be detrimental to the health, safety, or welfare of the child? If yes, please explain: ___Yes ___No

4. Are you familiar with:	Oregon's Education System?	___Yes	___No
	State and Federal Laws on Special Education?	___Yes	___No

5. Are you or have you ever been a surrogate parent in the schools for another student? If yes, please explain: ___Yes ___No

6. Have you been informed about the duties and responsibilities of a Surrogate Parent? If yes, please explain: ___Yes ___No

NOTE: If no one has explained duties and responsibilities of a Surrogate Parent to you, this application cannot be processed. Please ask for information from school or agency staff or contact the Surrogate Parent Office at 916-5840, extension 368.

7. Are you willing to have your name added to a list of persons willing to serve as Surrogate Parent for other children? (This would not commit you; when a need arises you may choose whether or not to serve.)

___Yes, I am willing ___No, I am not willing

If you are willing, indicate students you would prefer (area of the city, disability, residential circumstances, etc.)

APPLICANT SIGNATURE _____ DATE _____