sespp
SPECIAL EDUCATION SURROGATE PARENT PROGRAM

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CHANGE REPORTING FORM

DATE: _____

Special Education Surrogate Parent: _____ **Date Appointed:** _____

Please assist us by letting us know about changes in the student's status, including residence and eligibility, and also changes in your situation. Complete and return this form *only* if a change occurs.

Student: _____ DOB: _____ LEA: _____

Social Worker: _____ SW Phone #: _____

Changes in Student Status:

- ☐ Student has moved to (if known) _____
- ☐ Student is no longer eligible for special education services.
- ☐ Student is no longer in school: ☐ Not attending ☐ Graduated
- ☐ Student's custodial status has changed (i.e. custody to parent, legal guardian appointed, adoption, etc.)
- ☐ Student's Foster Parent is willing to take on the role of special education decision-maker.
- ☐ Other/any additional information (use reverse side): _____

Changes in Your Status as Special Education Surrogate Parent:

- ☐ Address: _____
  (Street) (City) (State) (Zip)
- ☐ Contact: Day #: _____ Eve #: _____
  Cell #: _____ Email: _____
- ☐ There has been a change in my employment that makes it a conflict for me to continue as an SESP.
  Please explain: _____
- ☐ I am unable to continue as the SESP for this student for the following reason(s):

_____

_____

Are you available to take another student? ☐ Yes ☐ Not at this time _____

Route to: _____ Rev. 1/11

They need more than a classroom.
They need a *voice.*

The SESPP is a project of the Massachusetts Department of Elementary and Secondary Education under contract with the EDCO Collaborative and the Federation for Children with Special Needs.