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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.