

Special Education Surrogate Parent Program

P.O. Box 1184, Westboro, MA 01581-6184

Phone (508) 792-7679

Fax (508) 616-0318

<http://www.sespprogram.org>

contactus@sespprogram.org

Student Referral

Instructions: Please print using blue or black ink. Send a copy of the completed form to the student's Local School District. Send the original form to the Special Education Surrogate Parent Program.

1. STUDENT INFORMATION		Date:
Last Name:	First Name:	Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm-dd-yyyy):	Age:
Current Residence (name of congregate care program):		
Address (Street, City, State and Zip Code):		
Telephone Number: ()	How long at this address?	
Reminder: For eligible children in foster homes, the foster parent who agrees to make Special Education decisions for a child placed with her/him has the authority to do so upon placement. No request for appointment is necessary.		

2. SCHOOL INFORMATION	
Current Educational Placement (name and address of school):	
Name and Title of Contact Person:	
Telephone Number: ()	School District:

3. SPECIAL EDUCATION STATUS (Select a or b & fill in the corresponding information.)	
<input type="checkbox"/> a. The student is currently receiving special education services.	
Type of Services <input type="checkbox"/> Inclusion <input type="checkbox"/> Day School <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Substantially Separate <input type="checkbox"/> Residential	Next Team Meeting date (mm-dd-yyyy):
<input type="checkbox"/> b. An initial referral for a special education evaluation has been requested.	
Date:	School District:

4. CUSTODY STATUS	
<i>Voluntary Placements are not eligible for the Special Education Surrogate Parent Program and should not be referred. (Exceptions may be addressed on a case-by-case basis.)</i>	
The student is in the legal custody of DCF through:	
<input type="checkbox"/> Care and Protection (C&P) Proceeding <input type="checkbox"/> Child Requiring Assistance (CRA) Petition*	<input type="checkbox"/> Protective Probate Court Custody <input type="checkbox"/> Non-Protective Probate Court Custody
* In general, an SESP is not required for a student in custody due to a CRA (formerly "CHINS") petition. Neither a parent's lack of expertise in Special Education nor lack of fluency in English is a basis for an SESP Appointment. Please attach letter explaining your request.	Reason for referral (Non-Protective Probate): _____ _____

5. Family member or other adult (i.e.: GAL or Visiting Resource) is willing to make educational decisions:

<input type="checkbox"/> Yes (If yes, please complete information below) <input type="checkbox"/> No	
Last Name:	First Name:
Address (Street, City, State and Zip):	
Telephone Number: ()	
Relationship to Child:	
Has this person previously applied to this program to become a Special Education Surrogate Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

6. CHILD'S SOCIAL WORKER

Name:	Telephone Number: ()
Agency:	Email:
Address (Street, City, State and Zip):	
Supervisor's Name:	Telephone Number: ()

7. REFERRAL SUBMITTED BY: (Complete Only if Other Than the Social Worker)

Name:	Title:
Agency:	Telephone Number: ()
Address (Street, City, State and Zip):	

Please Note: A Case Coordinator from the Special Education Surrogate Parent Program will be contacting you to verify the information provided on this referral.

Signature of person completing referral:

<p>Did you –</p> <ul style="list-style-type: none"><input type="checkbox"/> Fill out the form completely?<input type="checkbox"/> Attach a list of all persons to be notified of the Special Education Surrogate Parent appointment?<input type="checkbox"/> Send a copy of this form to the student's school district? <p>Mail Original To: Special Education Surrogate Parent Program P.O. Box 1184 Westboro, MA 01581</p>
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