

SURROGATE PARENTS

VERIFICATION OF TRAINING

_____ has received training to act as a surrogate parent in accordance with the Individuals with Disabilities Education Act (IDEA). This training included:

- Information regarding Oklahoma State and federal requirements for the education of children with disabilities;
- Parents rights;
- Parent handbook;
- Due process procedures and procedural safeguards;
- Structures, procedures, and forms of the public agency educating the child;
- The step-by-step process for delivery of special education services;
- Information about the nature of the child's disability(ies) and needs; and
- Information regarding the IDEA Part B rights that transfer to the student at the age of majority (18).

The surrogate parent has the responsibility of representing the disabled child in all matters relating to:

- The identification, evaluation, and educational placement of the child; and
- The provision of a free appropriate public education of the child;

Written information and training for skill and knowledge as a surrogate parent have been provided by:

Person Conducting the Training _____

Agency _____ Telephone _____

Address _____

Date of Training _____ Location _____

ASSIGNMENT

I understand the responsibilities of acting as a surrogate parent. I have no interests that conflict with the interests of the child and am not an employee of an agency involved with the care or education of the child/student.

Signature _____ Date _____

Address _____

Name of Child _____

Birthdate _____

School District or Educational Agency _____

Contact Person for District/Agency _____