

FORM SP-3

NAME: _____ HOME PHONE: _____

ADDRESS: _____ BUSINESS PHONE: _____

(City) (State) (Zip) DATE OF BIRTH: _____

PRIMARY LANGUAGE: _____ OTHER LANGUAGE: _____

YES NO

Are you an employee of an agency involved in the education or care of children?

Do you have an interest or are you engaged in activities that could be considered to conflict with the interests of a child assigned to you?

Will you take time to attend meetings related to the child's educational programming?

Are you willing to take required training to be a surrogate parent?

Are you willing to inform yourself regarding a child's educational history and the characteristics of his/her disability that may affect learning?

Do you expect to be able to serve for at least one school year from the date you are assigned?

IF YOU HAVE A PREFERENCE IN THE ASSIGNMENT OF A STUDENT, PLEASE INDICATE:

SEX: _____ LANGUAGE: _____

NAME: _____

List three (3) persons who know you well:

NAME

ADDRESS

Are you affiliated with an organization that is promoting or sponsoring surrogate parenting as a public service activity? YES NO

If yes, name of organization: _____

Do you feel that you have special skills or traits that would make you an effective surrogate parent? If so, please list.

AGREEMENT

In consenting to be a surrogate parent, I will:

- (a) Keep all information I may receive about the child in strict confidence, while serving and in the future;
- (b) Keep the child's caseworker and the Surrogate Parent Program informed of my activities as surrogate parent; and
- (c) Make every effort to serve for twelve (12) months.

Signature: _____

Date: _____

Please send completed form to: