



Special Education Surrogate Parent Volunteer Application

Please complete all applicable sections and email, mail, or fax the application to the Federation for Children with Special Needs. Email, fax, phone, and mailing address for the Federation are located on the bottom of the page.

Contact Information

Application Date _____

Name _____
Prefix First Last Initial

Mailing Address _____
Street City/Town State Zip

Phone _____
Daytime Evening Cell

Email _____ Fax _____

Contact Preference Email Day Phone Evening Phone Cell Phone

Volunteer Information

How did you hear about the SESPP?

- School District/Employee Social Worker Current SESP Federation Website
 Federation Employee (please enter name if known) _____ Federation Training
 Federation Newslines EDCO Other _____

Why do you want to become an SESP? _____

Are you applying to be a Special Education Surrogate Parent for a specific child? Yes No

Are you or your spouse employed by any public or private agency or agencies (including school systems) involved with the care or education of children? Yes No If yes, please describe below.

Do you speak any languages other than English? Yes No If yes, please list below.



Are you the parent or relative of a child with special needs? Yes No

Have you ever attended a Team meeting for a child? Yes No

Have you ever signed an Individualized Education Program (IEP) as the parent or guardian of a child? Yes No

Do you have any professional experience with special education? Yes No If yes, please describe below.

Have you attended any trainings or workshops related to special education? Yes No

If yes, please describe:

Would you prefer a match with a child in a particular age group? Any age 3-6 7-12 13-16 17-22

Would you be willing to serve as an SESP for more than one child at a time? Yes No Not Sure

Please check the type(s) of disabilities in which you have the most interest or experience:

- | | | |
|--------------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Autism | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Sensory (hearing, vision, deafblind) | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Communication | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Specific learning | <input type="checkbox"/> Health | |

Please list the names of cities/towns where you are willing to volunteer.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |



Is there any other information about yourself that you want to provide for this application? _____

References

Please list two people as references :

Reference 1

Name _____
 Street _____
 City/State/ Zip _____
 Email _____
 Phone _____
 Employer _____

Reference 2

Name _____
 Street _____
 City/State/ Zip _____
 Email _____
 Phone _____
 Employer _____

Volunteer Agreement

I hereby grant permission to the Department of Elementary and Secondary Education and its contractors (the EDCO Collaborative and the Federation for Children with Special Needs) to check my references. In order to serve as a Special Education Surrogate Parent, I understand that I will also be required to consent to a Criminal Offender Record Information (CORI) check that must be repeated every three years. I understand that my application does not guarantee my appointment as a volunteer Special Education Surrogate Parent. I also understand that I must receive training, as requested, to be appointed as a Special Education Surrogate Parent. If appointed, I will protect the confidentiality of all information regarding students I represent in special education matters.

Signature _____ Date _____