

**Baltimore County Public Schools
Parent Surrogate Application**

Child's Name: _____

What, if any, is your relationship to this child? _____

Date of Application: _____

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

City, State, Zip: _____

Work Phone: _____

Date of Birth: _____

Email: _____

Occupation: _____

Employer: _____

Employer Address: _____

Are you employed in any capacity for Baltimore County Public Schools, or in any group home this child resides in? _____

Education Related to Disabilities: _____

Work Experience Related to Disabilities:

Do you have knowledge of federal and state laws regarding the rights of children with disabilities in the following areas?

- Yes No Evaluation/testing procedures
- Yes No Program placement options
- Yes No The Individual Education Plan (IEP) Team process
- Yes No Development of the IEP
- Yes No Procedural safeguards including due process
- Yes No Parental rights and responsibilities
- Yes No An understanding of educational handicaps (i.e. intellectual disability, emotional disability, learning disability, etc.)
- Yes No Knowledge of the child you will represent, if applicable

Have you ever represented a child in the identification, evaluation, and placement process?

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Yes No Explain: _____

Are you an employee of a state or local agency involved in the education of children?

Yes No If yes, list: _____

In matching a child with an appropriate parent surrogate, efforts are made to take into account language and racial or cultural identity of the child and assigned parent surrogate. Please indicate any relevant information about yourself to assist in this process:

Date of Application: _____

Signature: _____

For Volunteers Only:

Indicate references that you have known for the last five years.

1. Name _____ Phone: _____

Address: _____

Occupation: _____ How long have you known this person? _____

2. Name _____ Phone: _____

Address: _____

Occupation: _____ How long have you known this person? _____