

EDUCATIONAL SURROGATE PARENTS (ESP) PROGRAM

Juana Burchell,
Program Coordinator

WHY DO STUDENTS NEED AN ESP?

34 CFR Parts 300 and 301

- ◉ Sec.300.519 **Surrogate parents.** (a) General. Each public agency must ensure that the rights of a child are protected when--
 - ◉ (1) No **parent** (as defined in Sec.300.30) can be identified;
 - ◉ (2) The public agency, after reasonable efforts, cannot locate a **parent**;
 - ◉ (3) The child is a ward of the State under the laws of that State; or
 - ◉ (4) The child is an unaccompanied homeless youth as defined in section 725(6) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(6)).

PROCESS

- ◉ 23 ILLINOIS ADMINISTRATIVE CODE 226.550

When a child who is a ward of the State is placed in a residential facility, a representative of that facility shall submit to the State Board of Education a request for the appointment of a surrogate parent if the district has not already done so.

REQUEST FORM

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Please fill out the following form. You can save data typed into this form.

Highlight Fields

Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

REQUESTOR (Check one)

Residential Placement

School District

Other: (specify) _____

ILLINOIS STATE BOARD OF EDUCATION

Special Education Services Division
100 North First Street, E-216
Springfield, IL 62777-0001
217-782-5589

Be sure to update to Adobe Reader 9.

Date of Submission

SURROGATE PARENT REQUEST FORM

Instructions: E-mail this form to jburchel@isbe.net.

CHILD INFORMATION

NAME (Last, First) _____

DATE OF BIRTH (mm/dd/yyyy) _____

GENDER

Male Female

ETHNICITY (Check one)

American Indian or Alaskan Native

Asian/Pacific Islander

Black or African American

Hispanic

White

LANGUAGE (Check one)

English

Spanish

Sign Language

Other: (specify) _____

SPECIAL EDUCATION INFORMATION

Student has an IEP

Student's Evaluation in progress

RESIDENT SCHOOL DISTRICT

PLACEMENT INFORMATION

PLACEMENT/FACILITY (Check one)

Residential

Homeless Shelter

Other _____

PLACEMENT/FACILITY NAME _____

CODE (if approved by ISBE) _____

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Surrogate P...

2 Microsof...

Microsoft P...

Harrisburg ...

37-20P 3-1...

1:03 PM

REQUEST FORM

Please fill out the following form. You can save data typed into this form. Highlight Fields

PLACEMENT INFORMATION

PLACEMENT/FACILITY (Check one)

- Residential Homeless Shelter Other _____

PLACEMENT/FACILITY NAME	CODE (if approved by ISBE)

MAILING ADDRESS (Street, City, State, Zip Code)

TELEPHONE (Include Area Code)	FAX (Include Area Code)

REQUESTOR INFORMATION

NAME OF REQUESTOR (Last, First)	TITLE	TELEPHONE (Include Area Code)

MAILING ADDRESS IF DIFFERENT FROM ATTENDANCE CENTER (Street, City, State, Zip Code)

REQUEST INFORMATION

REQUEST FOR: (Check one)

- | | | |
|--|---|--|
| <p><input type="checkbox"/> APPOINTMENT</p> <p>Appointment Reason</p> <p><input type="checkbox"/> Student is ward of the State</p> <p><input type="checkbox"/> Student is ward of the Court</p> <p><input type="checkbox"/> Student's parents are not available</p> | <p><input type="checkbox"/> REPLACEMENT</p> <p>Replacement Reason</p> <p><input type="checkbox"/> Surrogate parent cannot be located</p> <p><input type="checkbox"/> Surrogate parent no longer wants to serve</p> <p><input type="checkbox"/> Surrogate parent has conflict of interest</p> <p><input type="checkbox"/> Surrogate parent refuses appointment</p> <p><input type="checkbox"/> Surrogate parent no longer available</p> | <p><input type="checkbox"/> WITHDRAWAL</p> <p>Withdrawal Reason</p> <p><input type="checkbox"/> Students no longer receiving spec. ed. serv.</p> <p><input type="checkbox"/> Student has been adopted</p> <p><input type="checkbox"/> Student has moved from the district</p> <p><input type="checkbox"/> Parents are now available</p> <p><input type="checkbox"/> Student has graduated from high school</p> <p><input type="checkbox"/> Student over 21 years old</p> <p><input type="checkbox"/> Student is deceased</p> <p><input type="checkbox"/> Unspecified</p> <p><input type="checkbox"/> CLOSE AND ARCHIVE</p> |
|--|---|--|

NAME OF SURROGATE PARENT REQUESTED (Optional)

LETTER OF APPOINTMENT

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Illinois State Board of Education

100 North First Street • Springfield, Illinois 62777-0001
www.isbe.net

Jesse H. Ruiz
Chairman

Christopher A. Koch, Ed.D.
State Superintendent of Education

Date: 7/12/2011

To: Kathy Stratton
100 1st st
Springfield, IL 62777

Home: (217) 782-5589
Business: () -

RE: Educational Surrogate Parent Appointment

This is to inform you that you have been appointed to serve as the Educational Surrogate Parent for:

Juana Burchell
_unknown
_Unknown,
() -

As the Educational Surrogate Parent, you may represent Juana Burchell in matters relating to identification, evaluation, and education placement. If you have any questions

start

Surrogate P...

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Harrisburg ...

EventLetter...

1:04 PM

ESPS' RIGHTS AND ROLE

- ⦿ All parents' rights per IDEA
- ⦿ Only Educational services
- ⦿ Report irregularities

SCHOOL DISTRICT RESPONSIBILITIES

- ◉ Be aware if there are youth homeless shelters and residential facilities in the district's serving area.
- ◉ Develop communication channels with those institutions.
- ◉ Upon registration, ensure that the student will have representation.
- ◉ Contact assigned ESP for any educational service needing signature and/or participation.
- ◉ Review school district's list of students with ESP services.

LETTER OF WITHDRAWAL

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Illinois State Board of Education

100 North First Street • Springfield, Illinois 62777-0001
www.isbe.net

Jesse H. Ruiz
Chairman

Christopher A. Koch, Ed.D.
State Superintendent of Education

Date: 7/12/2011

To: Jennifer Barham
Ball Chatham Cusd 5
201 West Mulberry Street
Chatham, IL 62629

Phone: (217) 483-2416

RE: Educational Surrogate Parent Withdrawal

This is to inform you that Kathy Stratton has been withdrawn as the Educational Surrogate Parent for:

Juana Burchell
_unknown
_Unknown,
() -

If you have any questions regarding this child, Educational Surrogate Parent, or this

CHECK AND BALANCES

Active Students with Surrogate Parents within District Report

- ⦿ **Student Name**
- ⦿ **DOB and Gender**
- ⦿ **Ethnicity and Language**
- ⦿ **Surrogate Parent's Contact Information**
- ⦿ **Date of Appointment**
- ⦿ **Facility Name**

TRAINING AND RECRUITING

- ◉ Nancy Ewert - Recruitment and training Coordinator
- ◉ 630-889-7393
- ◉ Adam Morton - Harrisburg Project 800-635-5274
- ◉ ISBE website
http://www.isbe.net/spec-ed/html/surrogate_parent.htm
- ◉ Juana Burchell 217-782-5589 or jburchel@isbe.net