**Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_ **Grade**: \_\_\_\_\_ **SASID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date when Student Assigned to Surrogate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date introductory letter sent by email to school and DCF sw\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date when first identified with a disability or closed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Primary Disability**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ACTIVITY FOR WHICH PAYMENT IS REQUESTED***

**DATE: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* SITE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School, Facility, Agency, or Office **and** Town where located)

**Surrogate Parent Activity**

**Met with Student (in ed. setting) - Number of Students Meetings this Contract Year**: \_\_\_\_\_\_\_  **Observed Student in Educational Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participated in PPT meeting which was requested by (SP, DCF, Nexus, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PPT by telephone; location of surrogate:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participated in 504 meeting** (only for student who was formerly identified as a student eligible for special education services)  **Participated in a Special Ed. Mediation**

**Participated in a Complaint or Due Process**:  complaint mediation resolution sess spec ed hearing spec ed advisory opinion expulsion hearing school acc hrg  **Other Activity – must attach prior written approval** (e.g., DCF Placement Review**,** School Visits**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Taken by Surrogate Parent**

**General Actions:**

Ensured student admitted to school

Ensured student receiving IEP services

Obtained information from student re preferences/concerns

Supported PPT-proposed program

Supported PPT-proposed eval. Plan

Requested PPT meeting

Requested interpreter

Testified on behalf of student

**Evaluation/Testing Requests:**

Achievement testing

Vision screening  Hearing screening

Speech eval  Language eval

Psychological eval  psychiatric eval

Neurological eval

LD eval  ADHD eval

Vocational eval  Rehab Services eval

OT eval  PT eval

Other eval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested reevaluation

Requested independent ed eval

Supported participation in CMT/CAPT

Requested modification to CMT/CAPT

MAS

**Behavioral/Social/Emotional Requests**:

Functional Behavioral Assessment (FBA)

Behavior Intervention Program (BIP)

BIP modification

Goals/Obj related to Social/Emotional issues

Social work as related service

Psychotherapy as related service

Counseling as related service

Opposed expulsion

**Academic and Other Goal Area Requests:**

Goals/Obj in Academic/Cognitive Area(s) (e.g., Rdg); Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goals/Obj in Communication Area

Goals/Obj in Self-Help

Goals/Obj in Gross/Fine Motor Area

Goals/Obj in Health

Specialized reading program

Extended School Year

Objected to Homebound Instruction

**Transition Planning Requests:**

Goals/Obj in Postsecondary Ed/Training

Goals/Obj in Employment

Goals/Obj in Independent Living

Requested transition services

Requested delay of h.s.diploma until transition goals/obj met

Vocational classes

Vocational program in community

Job coach

**Other Sp. Ed./Related Service Requests:**

Speech therapy as related service

Language therapy as related service

OT and/or PT as related service

1-1 paraprofessional

Specialized Transportation as related service

**Accommodations/Modifications Requests:**

Schedule modification

Curriculum modification

Test modification

Assignment modification

Provision of assistive technology

**Least Restrictive Environment and Placement Requests:**

More time in regular classes

Resource room  Self-contained class

Out-of-district placement

Day treatment placement

Extended-day treatment placement

Group home placement

Residential placement

Classes in community setting during residential facility placement

Community experiences during residential facility placement

Independent review of treatment boundaries regarding residential facility placement

**Agency Requests:**

Referral to BRS  Referral to DDS

Referral to DMHAS

Referral to other agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other agency invitation to PPT: \_\_\_\_\_\_\_\_\_\_\_\_

**Complaint/Due Process Requests:**

Complaint filed with CSDE

Special Education mediation

Resolution Session

Special Ed. or Advisory Opinion hearing

Expulsion hearing

School Accommodations hearing

**Brief Summary of Student Academic/Functional Progress and Update on What Difference the Surrogate Parent has made for the student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed and Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**