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| **FORM SP-309**  ***Surrogate Parent Cover Sheet and Description of Monthly Services***  **Surrogate Contractor Name:**  **Month/Year**  **Email to:** [**Surrogate.Parent@ct.gov**](mailto:Surrogate.Parent@ct.gov) **or**  **Mail to: CSDE/Bureau of Special Education**  **Attn: Surrogate Parent Program, Suite 604**  **P.O. Box 2219**  **Hartford, CT 06145-2219** |

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| Date of Service | Description of Services  (e.g., student’s initials, type of service & location) | Number of Students Served During this Month |
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The above information is a true and accurate account of the number of students that I provided services for during the stated period pursuant to my contract with the Connecticut State Department of Education and the Surrogate Parent Program.

Signed:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_