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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** **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_