Please complete this form for each student case to be reassigned to assist our office in updating our database and to assist the surrogate parent receiving this new file assignment. Clip this form to each file that needs to be reassigned.

|  |
| --- |
| Name of Student:  |
| SASID: |
| Date of Birth: |
| Current Grade Level: |
| Credits toward graduation: |
| Town where the student resides: |
| Actual placement (FH, GH, Res. Facility, etc.): |
| Contact person at placement: Name: Phone: Email: |
| Nexus/responsible school district: |
| District/Town of School Child is Attending: |
| School child is attending: |
| Contact person at school: Name: Phone: Email: |
| Last PPT date:  |
| Date triennial due:  |
| Current DCF social worker: Name: Phone: Email: |
| Summary of Status and Suggestions: |

Print Name of Surrogate completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FORM SP-600 7/2018