

**FORM SP-101: Request for Surrogate Parent**  
Surrogate Parent Office  
Connecticut State Department of Education  
Bureau of Special Education  
P.O. Box 2219  
Hartford, CT 06145-2219

A student is eligible for a Surrogate Parent in a number of situations, the most common of which is when the student, age 3-21, needs *or may need* special education and is under guardianship of DCF. Pursuant to Connecticut law, "Provision shall be made for the prompt referral to a planning and placement team of all children who have been suspended repeatedly or whose behavior, attendance or progress in school is considered unsatisfactory or at a marginal level of acceptance." Districts, as well as DCF, have a legal obligation to report to the Commissioner of Education when a child *may* require a Surrogate Parent.

**Instructions:** Requests for a surrogate may be mailed to the Surrogate Parent Office at the address above or emailed to [surrogate.office@ct.gov](mailto:surrogate.office@ct.gov). A request may be made on this form or in any other manner that includes: 1. The child's name, 2. Date of birth, 3. Current address, and 4. Contact information for the referring school or agency. DCF and District personnel are encouraged to contact the Surrogate Parent Office by e-mail with any questions they may have about referral or education of children in care. You may attach any additional information you think would be helpful.

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SASID:** \_\_\_\_\_

Is this student under guardianship of DCF?  Yes  No      If yes, date of DC guardianship? \_\_\_\_\_

Do you believe 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))?  Yes  No  Unsure

If yes, please provide contact information for the school district's McKinney Vento Local Homeless Education Liaison: \_\_\_\_\_

**Type of Placement:**

Foster Home       Group Home       Residential Facility       Shelter  
 Hospital       Other: \_\_\_\_\_

**Contact Person at Placement:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Nexus/Responsible School District: \_\_\_\_\_

District/Town of School Child is Attending: \_\_\_\_\_

Current School: \_\_\_\_\_

**Current DCF Social Worker (if applicable):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact information of person completing the request for a surrogate parent:**

Name of Requesting Party: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_