

**FORM SP-500: Continuation Option at Age 18**  
**Surrogate Parent Program**

Once a student reaches 18 years of age, rights afforded to parents under IDEA transfer to the student. CFR 300.520(a)(1)(i), CGS 10-76a(13). Students are eligible for surrogate parent services until they graduate high school or until the end of the school year in which they turn 22 (CFR 300.520(a) and (b), RCSA 10-94j-7, RCSA 10-76d-1(a)(4) as recently adjusted by Public Act 23-137), whichever comes first, whether or not they are continuing to receive services from DCF.

The surrogate parent must obtain the signature of the student, plenary guardian or conservator requesting that surrogate parent services continue beyond age 18 and defining the scope of service or terminating surrogate parent services. This form must be submitted by the surrogate parent to the surrogate office by mail using previously provided pre-paid Surrogate Parent Program labels or by email to [surrogate.office@ct.gov](mailto:surrogate.office@ct.gov).

**Surrogate Parent Information:**

Surrogate Parent Name: \_\_\_\_\_

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

**Student Information:**

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

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

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

I \_\_\_\_\_ attained the age of 18 on \_\_\_\_\_.

**Initial All That Apply:**

\_\_\_\_\_ **I choose to retain the services of a surrogate parent until I graduate or become ineligible.**  
I authorize the surrogate parent to do the following and I understand I may change my mind and withdraw consent at any time:

\_\_\_\_\_ To Advise me regarding educational matters;

\_\_\_\_\_ To Review and obtain educational records on my behalf;

\_\_\_\_\_ To consent to evaluations on my behalf.

\_\_\_\_\_ To advocate for me in all educational matters and forums, including attending PPTs, filing educational complaints, filing for mediation and due process.

\_\_\_\_\_ **I choose to terminate surrogate parent services as of \_\_\_\_\_.**

I understand that if I change my mind before I graduate, I can have a surrogate parent reassigned by contacting the Surrogate Parent Office by phone (860) 713-6910 or by e-mail at [surrogate.office@ct.gov](mailto:surrogate.office@ct.gov).

I have been provided a copy of this completed form, it has been explained to me to my satisfaction by my surrogate parent, and I agree to let my surrogate parent know if my address or other contact information changes for as long as they assist or advise me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_